

AN EXPERIMENTAL TREATMENT PROGRAM
ON THE AMELIORATION OF SHYNESS IN CHILDREN

By

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DEDICATION

This study is dedicated to the author's kind and loving grandparents, Sam and Gertrude Lazarus, and Dick and Ethel Brownstein.

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In a needs assessment survey conducted by the researcher, shyness was found to be a personal problem among 46 percent of a sample of 400 fifth grade students in north central Florida. It was found that 38 percent of the children labeled themselves shy, while 59 percent reported that they would rather be less shy. Furthermore, 47 percent felt that they would like to join a group led by their school counselor that would help them be less shy.

In order to help students ameliorate shyness and the emotional distress associated with shyness, a treatment program was developed by the researcher with the assistance of school counselors. This program was field tested in five schools in a pilot research project. The program was then revised in order to more adequately meet the needs of the shy students. The final program, called Affirmation Training, was investigated in this study.

The purpose of this study was to investigate the effects of the experimental treatment program on shy fifth grade youngsters. The study investigated the effects of the treatment from four vantage points: students, teachers, behavioral observers, and school counselors. The study explored the effects of three independent variables: (1) group, (2) sex, and (3) leader's training on seven independent variables: (1) Shyness Self Report, (2) Shyness Line, (3) Shyness Problem Line, (4) Coopersmith Self Esteem Inventory, (5) Shyness Teacher Report, (6) Teacher Shyness Change Rating, and (7) Simulated Assertiveness Situation Test.

There were 98 shy fifth grade students from seven elementary schools who met the selection criteria and completed the study. The selected students were randomly assigned to either the control group or the experimental treatment group. In order for a child to be selected into the study, he had to meet two criteria. He had to answer affirmatively a questionnaire that asked, "Do you consider yourself a shy person?" He also had to be judged by his teacher according to ten specific criteria to be within the shyest half of his class.

The experimental treatment is a seven week, 14 session program. The children meet from 30 to 40 minutes twice a week for seven weeks. Some of the psychological interventions used are assertiveness training, role modeling, social skills training, self disclosure and communication games, fantasy, emotional discussion, and the teaching of attending and listening skills.

An analysis of variance was performed on all the criterion variables. The data were analyzed to test for differences between the main effects of group, sex, leader's training, and for interaction effects. In addition, the correlation among the pretest measures was investigated.

It was found using the .05 level of confidence that there were significant differences between the experimental and control group on the Shyness Teacher Report, the Teacher Shyness Change Rating, and the Simulated Assertiveness Situation Test. There were no significant differences between groups on the other four measures. Yet on the Shyness Line and the Shyness Problem Line, the experimental group made significant improvement from pretesting to posttesting which was confounded by the unexpected gains made by the control group.

No main effect for leader's training on the criterion variables was significant. On one measure, the Shyness Teacher Report, more significant gains were made by the girls.

A positive correlation was found among all the pretest measures. This indicated that shyness significantly correlated with low self esteem.

CHAPTER I

INTRODUCTION

A needs assessment survey was conducted by the researcher who sampled nearly 400 fifth grade students in north central Florida concerning their personal feelings on shyness. It was found that 38 percent of the children labeled themselves shy, while 59 percent reported that they would rather be less shy. It was indicated that 46 percent of all the children felt that shyness was a problem for them. Furthermore, 47 percent felt that they would like to join a group led by their school counselor that would help them be less shy.

In another recent survey conducted by Zimbardo, Pilkonis, and Norwood (1975) at Stanford University, the University of California at Berkeley and Palo Alto High School, they reported that over 40 percent of the respondents label themselves as presently shy. It was found that 82 percent describe themselves as having been dispositionally shy at some time during their lives. That is, in the survey they were willing to label themselves as a shy person, either past, present, or always.

Among those who are presently shy, three-fourths of the respondents didn't like being shy; the proportion rose to 90 percent among those who had once been shy. The researchers

state, "It appears that people look back on the shyness of their youth with about the same tenderness that they recall adolescent pimples."

Yet, more than not liking their shyness or finding it undesirable, the majority of those in the dispositionally shy category consider their shyness a personal "problem." When they break down the consequences of shyness, they report the following:

1. SOCIAL PROBLEMS in meeting new people, making new friends, or enjoying potentially good experiences.
2. NEGATIVE EMOTIONAL CORRELATES such as depression, isolation, or loneliness.
3. Difficulty in being APPROPRIATELY ASSERTIVE or expressing opinions or values.
4. CONFUSING OTHERS. Shyness makes it harder for other people to perceive the shy person's real assets.
5. POOR SELF PROJECTION allows others to make totally incorrect evaluations. For example, a shy person may strike others as weak, snobbish, unfriendly, or boring.
6. DEFICIENCY IN THINKING CLEARLY and communicating effectively in the presence of others.
7. SELF CONSCIOUSNESS and an excessive preoccupation with one's own reactions.

The seven painful consequences were so extreme that half of the shy adults (Zimbardo, et al, 1975) and more than 60 percent of the shy children felt they could use some therapeutic help for their problem. In fact, nearly half of all children would like to join a counseling group to help them be less shy. Findings like these suggest that counselors and

psychologists have not taken the problem of shyness seriously enough.

Purpose of the Study

The major purpose of this study is the development and the empirical testing of the effectiveness of an experimental treatment program designed to help shy youngsters. Rather than treat shyness at the university or senior high school level, shyness will be treated at the elementary school level, since the purpose of the program is prevention. For as John F. Kennedy, in his historical presidential message of February 5, 1963, in speaking on mental health, stated, "Prevention is far more desirable for all concerned. It is far more economical and it is far more likely to be successful."

The experimental program was originally developed by the researcher and later refined by five elementary school counselors, Atkinson, Bowers, Mishkin, Rawitscher, and Williams. The researcher in a pilot study co-lead a counseling group for shy fourth and fifth grade children with each of the five elementary school counselors. A practical prevention approach was used in order to attempt to ameliorate both the emotional distress associated with shyness and shyness itself.

There were 34 shy fourth and fifth grade students that participated in the pilot study. It was found that in separate ratings both counselors and teachers reported that over

90 percent of the children became less shy. On two self-report measures, there was a statistically significant difference between pretesting and posttesting. It was found that the children considered themselves less shy and that shyness was less of a problem for them after the completion of the experimental treatment.

Theoretical Rationale of the Program

The experimental program is termed Affirmation Training and is a comprehensive approach used with shy children in a group counseling setting in order to ameliorate the emotional distress associated with shyness and shyness itself. It is a seven week, fourteen session structured group approach designed to be led by school counselors or psychologists.

The program is based on the assumption of Dinkmeyer (1968) that most problems are primarily social or interpersonal in nature. It is based on the theoretical rationale of social learning theory and behavioral counseling and is basically a social skills acquisition approach.

Some of the psychological interventions used are assertiveness training, role modeling, social skills training, self-disclosure and communication games, fantasy, emotional discussion and the teaching of attending and listening skills. The counselor serves as a group leader and role model and gives feedback, liberal reinforcement and praise to all the children.

This program is aimed to ameliorate the seven painful consequences of shyness. For example, the first painful consequence is in regard to social problems in meeting new people, making new friends, or enjoying good experiences. In fact, on the shyness survey, one girl after she checked that she would like to join a counseling group, spontaneously wrote, "then I could make some friends." Therefore, specific exercises have been structured to teach shy children appropriate social skills in meeting new people and making new friends, with the opportunity to practice these skills within the confines of a safe therapeutic setting.

Need for the Study

Most shy individuals turn out to be unhappy with what seems to be a chronic and unchangeable personal problem. Shyness intrudes upon the lives of many people who don't speak up for their rights, who can't stand up and affirm their existence, and who never become leaders even when they might be the most eminently qualified. Yet preliminary evidence suggests that shyness might not be incurable. Therefore, the present program was developed with the distinct aim of helping shy children become less shy and feel more comfortable with their shyness. It also seems likely that the mere knowledge of how widespread shyness is might help children feel less isolated and unique.

Definition of Terms

For the purpose of this study, the following definition will apply.

SHY CHILD. Shyness is an attribute which spans a wide behavioral-emotional continuum. Yet, for selection into this study, a shy child will be any child who attributes this label to himself, is willing to participate in a group counseling program, and is placed within the bottom half of his class by his classroom teacher in regard to the construct of shyness.

Organization of the Remainder of Study

The purpose, theoretical rationale, need and definition of terms were presented in Chapter I. A review of the literature focusing on the psychological construct of shyness, group counseling with children, interventions with shy children, theoretical rationale, and development of affirmation training, pilot study data, assertiveness training, and role modeling is presented in Chapter II. In Chapter III, the experimental design and treatment procedures are described and pilot study research in regard to the criterion instruments are discussed. The results of the study will be reported in Chapter IV. Chapter V will include discussion of the results, limitations, of the study and recommendations for further research. The appendix will provide the criterion instruments and the lesson plans for the experimental program.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

The review of the literature can be divided into four major areas. First the nature and etiology of shyness is discussed. This section includes reference to principal investigators, the construct of shyness, and survey research on shyness in both adults and children. In this section, the researcher's preliminary findings on the nature and prevalence of shyness in fifth grade children is presented.

The second major area concerns group counseling with children. First, group counseling is defined and its rationale explained. Then research on group counseling in the elementary school is presented. This is then followed by studies using intervention strategies with shy, withdrawn, and nonverbalizing children.

In the third section, the researcher's pilot study on an experimental group counseling program for shy children is discussed. Finally, in the last section, the theory and research relevant to the experimental treatment program is presented. The program was developed based on the premise that shyness is a social problem and that by providing direct experience in social interaction, a shy child could learn to

interact more effectively in interpersonal situations. It was believed that the most effective way to maximize this social learning process was to integrate the curative factors with the behavioral counseling strategies of assertive training and role modeling. Therefore, research on these components are presented in the last part of Chapter II.

The Nature and Etiology of the Trait of Shyness

Shyness means different things to different people; for some it is the reserved manner of the introvert, for others it connotes modesty and diffidence. It can range from bashfulness through timidity to a chronic fear of people. Shyness is an attribute which spans a wide behavioral continuum. As conceptualized by Zimbardo, Pilkonis, and Norwood (1975), at one end of the scale are those individuals who choose a shy demeanor because they feel more comfortable with things, ideas, projects, nature, or books than they do with other people. They are not particularly apprehensive about being with people or joining the crowd when necessary. They would simply rather be alone.

The middle ground of shyness consists of those people whose lack of self confidence, inadequate social skills, and easily triggered embarrassment produces a reluctance to approach people or enter situations where they cannot readily escape from the notice of others. This form of shyness is typified by the awkward, socially inept adolescent who cannot ask for a date, a favor, or better service.

But at the other extreme, shyness becomes a form of imprisonment in which the person plays the roll of guard who constantly enforces restrictive rules and the role of the prisoner who obsequiously follows them. The guard knows the prisoner both wants to engage in the given behavior and usually knows how to do so, therefore, it is neither a question of lack of motivation nor lack of ability. The issue is one of imposing rules which limit the prisoner's freedom to act spontaneously. These may minimize the possibilities of unpredictable reactions from others, reactions that are potential sources of danger to one's self-esteem, but only at great cost to the individual.

Under some conditions what was originally just gauche behavior may develop into a pathology of total withdrawal from all social contacts and a life of excruciating loneliness. Isolation from people is both a significant contributor to and consequence of many forms of severe psychopathology:

I remember as far back as four years old, some of the stuff I used to do to avoid seeing people that came to visit us. They were people I knew like cousins, aunts, uncles, friends of the family, and even my brothers and sisters. I hid in clothes baskets, hampers, closets, in sleeping bags, under beds and there's probably an endless list, all because I was scared of people.

As I grew up, things got worse

(17 year old high school student,
Zimbardo, Pilkonis, and Norwood, 1975,
p. 2-3)

Principal Investigators

Social scientists have generally shied away from the systematic investigation of shyness. Among the few exceptions are personality trait theorists, Raymond Cattell and Andrew Comfrey, who have used questionnaire responses to measure individual differences in the "assumed inherent trait" of shyness.

Cattell. No one individual has been more prolific on the subject of shyness than has Raymond Cattell. Over the past 40 years he has written more than 300 books and articles describing a general model of personality in which shyness is represented as a basic trait (Cattell, 1965, 1973).

For Cattell, shyness is one of the "characteristic expressions" or surface traits that defines the negative pole of a continuous personality factor he has labeled "H." The "H" negative or a thretic person is one who according to Cattell is

. . . intensely shy, tormented by an unreasonable sense of inferiority, slow and impeded in expressing himself, disliking occupations with personal contacts, preferring one or two close friends to large groups, and not able to keep in contact with all that is going on around him.

(Cattell, Eber, Tatsouka, 1970, p. 9)

For Cattell, shyness is one of the popular names used to describe the thretic temperment which he believes arises

from a sympathetic nervous system that is overly susceptible to threat and conflict. Thretic people (like Emily Dickinson) represent one pole on a continuum that is bounded at the opposite extreme by parmia types, stouthearted, bold, brash, socially aggressive salespersons, competitive athletes, and group therapists -- the Teddy Roosevelts, Winston Churchills, and Andrew Jacksons of the world. (See Table 1.)

Cattell believes that shyness (a) is a trait substantially determined by heredity, as much as and maybe more so than intelligence; (b) is not modifiable by environmental events; (c) declines steadily with age, "that is, shyness of an excessive kind tends naturally to cure itself" (Cattell 1965, p. 97). } Zimbardo (1975) has difficulty in accepting these particular assertions about shyness.

Comfrey. Unlike Cattell, Andrew Comfrey has identified shyness as a core factor in his taxonomy of personality traits. Using a paper and pencil instrument and factor analyzing total scores of collections of relatively homogeneous items, he has found shyness as a trait characterized by different combinations of the following: seclusiveness, lack of social poise, avoidance of social contact, loss of words, self consciousness, submissiveness, reserve, stage fright, inferiority, and fear of speaking. There are other items that also emerge occasionally but those listed above are the ones that have been found most often (Comfrey & Jamison, 1966; Duffy, Jamison & Comfrey, 1969).

TABLE 1
CHARACTERISTIC EXPRESSIONS OF SOURCE TRAIT OF
FACTOR H

Low Score		High Score
THRECTIC, H-	VS.	PARMIA H+
(Shy, timid, restrained, threat, sensitive)		(Adventurous, "thick skinned", socially bold)

Shy, Withdrawn	VS.	Adventurous, Likes Meeting People
Retiring in Face of Opposite Sex	VS.	Active, Overt, Interest in Opposite Sex
Emotionally Cautious	VS.	Responsive, Genial
Apt to be Embittered	VS.	Friendly
Restrained, Rule-bound	VS.	Impulsive
Restricted Interests	VS.	Emotional and Artistic Interests
Careful, Considerate	VS.	Carefree, Does not See Danger Signals

*Cattell, R. B., Eber, H. W. & Tatsouka, M. M.
Handbook for the 16 P.F., Champaign, Ill.:
I PAT, 1970. p. 91.

What must be pointed out as a critique of this general approach to the study of shyness is the nature of the data base from which conceptual flights are launched. Individual differences in shyness are determined by the Comfrev Personality Scale (1970) solely in accordance with self evaluation by respondents on but four test items:

1. I find it difficult to talk with a person I have just met.
2. I find it easy to start a conversation with a stranger.
3. At a party, I find it hard to mix with people I don't know.
4. I feel comfortable with people I have never seen before.

Aside from the dangers of overextension of this small behavior sample, there is no attempt to systematically evaluate situations, people, and activities implicated in arousing one's feeling of shyness, nor evidence on developmental patterns or the degree of personal acceptance or undesirability of shyness.

Menninger. Some child development specialists such as Karl Menninger have theorized on the problems and consequences of shyness. Their assumptions are derived from clinical experience, as contrasted to the previous researchers who gathered empirical data from questionnaires.

Karl Menninger (1958) characterized the withdrawn child as one who has given up the struggle for recognition and autonomy and has shut himself up in his own closet. He feels that the personality that habitually retreats from situations to which it cannot adjust itself may develop undesirable character traits such as suspiciousness, timidity, fearfulness, and anxiety. Or the flights "may appear as such dodges as "passing the buck," refusal to accept responsibility, and depending upon luck, tricks, routine, or rules of thumb instead of intelligent solutions." He believes that if the withdrawn child is to be helped, the helper must not only get him into the light of an interactive society, but also aid him in establishing overt responses (Menninger, 1958, p. 33)

Hurlock. Hurlock (1972) conceptualizes shyness as a form of fear which is characterized by a shrinking from familiarity or contact with others. She believes it is always aroused by people, never by animals or objects.

Hurlock lists the effects of shyness on personal and social adjustment:

1. Leads to a generalized timidity which causes the child to be afraid to try anything new or different. This results in achievements below his potentials.
2. Can become a generalized fear of anything that differs from the accustomed; this fear militates

against the child trying to do anything new which stifles creativity.

3. Can lead to being overlooked and neglected; this contributes to poor adjustment because of lack of social learning experiences.
4. Makes it difficult for a child to play a leadership role because of his inability to communicate effectively and creatively with others.
5. Discourages others to speak, since he fears addressing others; this encourages the child to become self bound.
6. Encourages others to make unfavorable social judgments, therefore, he is likely to be considered less bright than he actually is.
7. Since self evaluations reflect social judgments, the shy child judges himself as others judge him; this contributes to the development of an inferiority complex.

The Stanford Shyness Survey

An exploratory questionnaire was developed by Zimbardo, Pilkonis, and Norwood (1975) who sampled the experiences, opinions, and beliefs of nearly 400 undergraduates regarding various aspects of shyness. This instrument was refined and extended and the final Stanford Shyness Survey was administered to over 800 students at Stanford, the University of California at Berkeley, and Palo Alto High School.

The survey included (a) self-reports of shyness, including the willingness to label oneself as dispositionally, chronically shy or merely temporarily shy in situationally specific contexts; judgments of one's shyness relative to peers; (b) estimates of the prevalence of shyness in the general population and of its desirability; (c) elicitors of shyness among people and situations often encountered; (d) perceived correlates of shyness, including physiological reactions, behavioral manifestations, cognitive concomitants (thoughts and sensations), and the specific positive and negative consequences associated with being shy.

The sample consisted of bright, young, college-aged students (mean of 20 years), unmarried, largely Caucasian (75%), mostly native born (91%), representing both sexes equally and all major religious denominations.

The most basic finding concerns the prevalence of shyness, and in both the preliminary survey and the final one, over 40 percent of the respondents labeled themselves as presently shy. An amazing 82 percent described themselves as having been dispositionally shy at some time during their lives. That is, on the survey they were willing to label themselves as "shy persons" either past, present, or always. Only 18 percent reported never labeling themselves as shy, and of these 17 percent acknowledge reacting with shyness symptoms in certain situations; these individuals were labeled situationally shy. Only one percent of the entire sample report themselves as never having experienced shyness.

There is some evidence for the stability of this characteristic over time since a quarter of the subjects report having been shy for most of their lives. However, there is also evidence for shifts into and out of the shyness category. Forty-one percent of the total sample say they used to be shy when they were younger, but are not now. Of the student sample who have not been previously shy, 16 percent now feel that they have become so.

When the respondents were forced to label themselves "shy persons" in light of the frequency of their shyness reactions, 62% reported being shy only occasionally, but think of these occasions as being sufficiently important to justify the "shy" label. About a third of the sample had a sense of being shy in more situations they face than not; in other words, more than half the time they felt shy. Then there are those individuals who are extremely shy; 3.6 percent responded that they felt shy all the time, in all situations with virtually everyone.

Women were found to be no more shy than men, nor was any difference found among racial subgroups. Yet religious affiliation made a difference, as only 24 percent of the Jewish students reported themselves as shy. This proportion was about half that of other subgroups.

Zimbardo (1975, p. 22) states,

"Shyness" may be a trait label: "I am a shy person"; it may be a state ascription "I feel shy" or it can function

as a response description: "Strangers make me act shyly." The entity being so tagged may be ourselves or others, and we may be the observer, the observed, or both. We use the concept of shyness (and similar psychological terms) in short hand summary statements which appear to give coherence to a variety of discrete prior observations we have made of ourselves and others. But we also employ it as a predictor of future behavior and as an explanatory construct to account for current reactions. The multiple usage of the term, coupled with the lack of unambiguous criteria for its presence or absence, allows considerable latitude for biased judgment.

For example, when the respondents, both the shy and not shy, were asked to estimate the prevalence of shyness in the general population, the average guess was 42 percent which was identical to the reported frequency of shyness. The self-reported shy persons significantly overestimate the extent of shyness in the general population. When asked to compare the extent of their shyness relative to peers of the same age and sex, the most typical response was that they were "average"; in contrast, the shy respondent perceived him or herself as more shy than peers.

Shy people tend to believe that their shyness is not detected by others. Of all the persons labeled as presently shy, only 55 percent assume their acquaintances consider them to be shy, and a smaller percent (39%) believe that their friends consider them shy. This may mean either that

they act less shyly with friends, or perhaps they are better at concealing their shyness from friends.

The negative consequences of shyness. Of those persons who are currently shy, three-fourths state they do not like being shy, and this figure soars to over 90 percent among those who used to be shy but no longer are. Yet, more than not liking shyness or finding it undesirable, it is considered a personal problem by the majority of those in the dispositionally shy category. The most frequently reported negative consequences are that shyness

1. creates social problems, making it difficult to meet new people, make new friends, or enjoy potentially good experiences;
2. has negative emotional correlates, such as feelings of depression, isolation, and loneliness;
3. makes it difficult to be appropriately assertive or to express opinions and values;
4. limits positive evaluations by others of one's personal assets;
5. allows incorrect social evaluations to be made and persist unchallenged, for example, one may unjustly be seen as snobbish, unfriendly, bored, or weak:

"Shy she was and I thought her cold" ---

- Alfred Tennyson

6. creates difficulties in thinking clearly and communicating effectively with others;
7. encourages self-consciousness and an excessive preoccupation with one's reactions.

"You're shy too? I wouldn't have guessed!"

Zimbardo (1975) conceptualizes that we all live in both public and private worlds. Sometimes the two are compatible which happens when we say what we mean, we mean what we say, we do what we want, and so forth. Yet, for the shy person this is different. The public behavior of a shy person is best characterized by its absence while the inner world is filled with intense feelings, thoughts, and physiological reactions.

On checklists of overt behaviors, the following portrait of the shy person emerges in terms of frequency of the reported occurrence of each item: silence (80%), lack of eye contact (51%), avoidance of others (44%), avoidance of taking action (42%), and low speaking voice (40%). For those individuals presently shy, these proportions represent a given item that is deemed a personally applicable correlate of shyness.

While all this behavior or nonbehavior is occurring externally, the inner world of shyness is filled with self-consciousness (85%), concern for impression management (67%), concern for social evaluation (63%), negative self-evaluation (59%), thoughts about shyness in general (46%), and forms of

cognitive distraction aimed at overtaking all of the above (27%). The dominant physiological reactions reported are increased pulse (54%), blushing (53%), perspiration (49%), butterflies in one's stomach (48%), and a pounding heart (48%).

Differences between shy and not shy persons. Surprisingly there are very few correlates which differentiate between those individuals who are presently shy and those who are not shy. There is general agreement between both groups as to what they are experiencing when they are in shyness eliciting situations. Only slightly more of the shy than nonshy people notice their heart pounding, but none of the arousal cues differentiates between the two groups. The only cognitive concomitant (other than general thoughts about shyness) which is experienced more by the shy than the nonshy is negative self-evaluation. When it concerns overt behaviors, only avoidance of others is more typical of the shy group.

There is general agreement (a rank order correlation of .90) between shy and nonshy people about conditions including the types of people and kinds of situations which elicit shyness. Shy people react somewhat more strongly than their counterparts only to strangers, members of the opposite sex in one-to-one interactions and to others of either sex in small social situations. The presently shy respondents were more willing to endorse as shyness

elicitors social situations in general, new situations, and large and small social groups where they are the focus of attention.

It was concluded (Zimbardo, Pilkonis, and Norwood, 1974) that both the reactions and shyness elicitors differed among the two groups not so much in qualitative features but in quantitative amount. There was a significant tendency for shy people to report they experienced more of everything rather than different kinds of things. More types of situations and a wide range of people were capable of generating shyness. Also, there were more cognitive, emotional, and behavioral manifestations of shyness among those who label themselves shy.

Self-attribution of shyness. Zimbardo (1975) states "Assume, for example, that you do not speak out or take action when it is appropriate, while you simultaneously monitor your internal thought processes. Your inescapable inference will be: 'I am shy.' Suppose in the exact same situation you are privately embroiled in your private experiences of shyness (feeling self conscious, anxious, concerned with future performance, and negative self-evaluation, and also experiencing the physiological symptoms of increased pulse and butterflies in your stomach) yet finally decide to take action because the costs of not doing so are too high. Yet what do you infer about your disposition from your act? Again you conclude that you are shy despite your public

behavior, since only you have access to the private events taking place in your head and guts. Yet in the same situation, if another individual does act or talk you judge him or her not to be shy." (Zimbardo, 1975, p. 23)

For dispositionally shy people, shyness resides within themselves. It is a trait carried across situations, capable of producing idiosyncratic reactions, and their responses to given situations, consequently tell them something about themselves. In contrast, the nonshy perceive external events as instigating temporary, discrete reactions which usually are situationally appropriate and normal. Thus, having to give a speech can provide confirmation of one's shyness or it can be simply an event that gets one uptight. This depends if one's reactions are perceived as providing information about the self or the environment.

Shyness in some instances can often serve as a convenient excuse for avoiding challenges, unpredictable situations or people, and the possibility of rejection by others. Additionally, it may be more self-acceptable to call oneself "shy" than to acknowledge feelings of being unwanted, unloved, ugly, different, uninteresting, lonely, or neurotic. To choose to label oneself "shy" may have fewer negative implications than describing oneself in less flattering terms. It is also possible to imagine shyness as a kind of ingratiation or self-presentation strategy. By asserting "I am shy," a person may be passively acknowledging social uneasiness, avoiding personal

responsibility for failure in social encounters and forcing others to take the initiative.

For whatever reason some people come to label themselves as shy, they react in ways that subsequently confirm and maintain the validity of their labeling process. Meanwhile, over time most people turn out to be rather unhappy with their shyness.

Shyness Survey of Fifth Grade Students

A needs assessment survey was developed by the researcher who sampled the construct of shyness among young children. The sample consisted of 396 fifth grade youngsters from five different elementary schools in Alachua and Marion County in north central Florida. All the students were enrolled in public schools that had either a parttime or fulltime elementary counselor on their staff. An effort was made to sample the beliefs of children from diverse neighborhoods that would be representative of the general population of north central Florida. All the children were enrolled in integrated schools in a regular classroom situation, in both rural and urban neighborhoods.

A basic finding was that 38 percent of the children labeled themselves as shy persons. When the children were asked if they would rather be less shy, 59 percent responded yes. It was found that 46 percent felt that being shy was a problem for them. Furthermore, 47 percent felt that they

would like to join a group led by their school counselor that would help them be less shy. (See Table 2.)

When the children were asked to rate themselves on a 7-point scale from being never shy to being shy all the time, 28 percent of the youngsters felt that they were shy at least half the time. Five percent of the children labeled themselves as almost always shy, while 2 percent of the children felt that they were shy all the time.

Sex Differences. When the question, "Do you consider yourself a shy person?" was analyzed by sex, a significant sex difference was found. It was found that 26 percent of the boys considered themselves shy, while 74 percent did not. From the sample of girls 49 percent of the girls labeled themselves shy, while 51 percent did not. It can be seen that roughly one out of every four boys labels himself shy, while approximately half the girls attribute this label to themselves.

It was found that 53 percent of the boys and 65 percent of the girls would prefer to be less shy. In addition, 40 percent of the boys and 51 percent of the girls find that shyness is a problem for them. When the children were asked if they would like to join a counseling group to be less shy, the girls were much more inclined to want to participate than boys. It was found that 60 percent of the girls and 35 percent of the boys would like to join a group to help them be less shy.

TABLE 2
PERCENT OF STUDENTS ANSWERING YES BY SEX

Do you consider yourself a shy person?

<u>Total Group</u>	<u>Boys</u>	<u>Girls</u>
37.6	25.9	48.9

Would you rather be less shy?

<u>Total Group</u>	<u>Boys</u>	<u>Girls</u>
58.6	52.7	64.7

Is being shy a problem for you?

<u>Total Group</u>	<u>Boys</u>	<u>Girls</u>
45.5	39.8	51.1

Would you like to join a counseling group...?

<u>Total Group</u>	<u>Boys</u>	<u>Girls</u>
47.0	34.8	59.5

TABLE 3
PERCENT OF STUDENTS ANSWERING YES BY GROUP
(SHY AND NONSHY) AND SEX

Would you rather be less shy?

	<u>Total Group</u>	<u>Boys</u>	<u>Girls</u>
Shy	73.0	61.5	78.5
Nonshy	50.2	49.7	51.1

Is being shy a problem for you?

	<u>Total Group</u>	<u>Boys</u>	<u>Girls</u>
Shy	68.2	75.0	64.5
Nonshy	31.6	27.5	38.1

Would you like to join a counseling group...?

	<u>Total Group</u>	<u>Boys</u>	<u>Girls</u>
Shy	62.8	51.9	68.8
Nonshy	37.7	28.9	50.5

When the question, "How shy are you?" was analyzed by sex, again sex differences can be seen. At one extreme, 19 percent of the boys and 8 percent of the girls labeled themselves as never being shy, while at the other extreme 2 percent of the boys and 3 percent of the girls felt they were shy all the time.

It was found that 20 percent of all the children responded that they considered themselves shy, that they would rather be less shy, and that shyness was a problem for them. On the other hand, 21 percent of the children had the exact opposite response. These students did not consider themselves shy, felt that they did not care to be less shy, and did not consider shyness a problem for themselves.

An interesting finding was that there was not only a roughly equivalent percentage of students who answered the three questions affirmatively with those who answered negatively, but that there was a complimentary balance according to sex. Twenty-seven percent of the girls answered the three questions yes, while 26 percent of the boys answered the three questions no. Furthermore, only 12 percent of the boys answered all three questions yes, while 15 percent of the girls answered all three questions no. It can be seen that the percentage of girls who felt they were shy, who would rather be less shy and consider shyness a problem for themselves was approximately the same as the boys who felt not shy, who did not want to be less shy, and did not consider

shyness a problem for themselves. Also, the percentage of boys who responded yes to all three questions approximated the percentage of girls who answered no.

Differences between shy and nonshy children. The children were analyzed according to those who considered themselves shy and those who considered themselves not shy. It was found that 73 percent of the shy youngsters would rather be less shy. Sixty-eight percent of the shy children consider being shy a problem for themselves, and 63 percent would like to join a counseling group that would help them be less shy. (See Table 3.)

When these shy youngsters were analyzed according to sex, it was found that 61 percent of the shy boys and 79 percent of the shy girls would rather be less shy. It was also found that a greater percentage of shy boys considered shyness a problem than did shy girls with 75 percent of the shy boys and 65 percent of the shy girls labeling shyness a problem. Though a greater percentage of shy boys labeled shyness a problem, the shy girls seemed more willing to join a counseling group than the shy boys, with 69 percent of the girls and 52 percent of the boys willing to join a counseling group.

Similarities and differences between shy children and shy adults. In comparing the Stanford Shyness Survey of young adults with the researcher's survey of fifth grade children, some similarities become apparent. In both

instances approximately 40 percent of all individuals label themselves shy and about one-third of the respondents felt shy at least half the time. A similar 3.6 percent of the young adults and 2.3 percent of the children felt shy all the time. In both surveys three-quarters of the shy respondents would prefer to be less shy. In both surveys a majority of individuals who felt shy only occasionally were still apt to attribute a shy label to themselves.

The researcher found a greater percentage of shy children willing to join a group than shy young adults. Another significant finding was that approximately 40 percent of the nonshy youngsters would like to join a group to help them be less shy. It appears that both shy and nonshy children would like some counseling assistance with this problem. This may also be attributed to the high degree of rapport, perceived helpfulness, and visibility established by the elementary school counselors. In all schools the researcher visited, it was quite apparent that many of the children wanted very much to join a developmental group.

The most important difference between the two surveys was that Zimbardo (1975) found that women were no more shy than men, while the researcher found that fifth grade girls were significantly more shy than fifth grade boys. While only one out of every four boys labeled himself shy, roughly half of the girls considered themselves shy. In addition, a greater percentage of girls preferred to be less shy and

felt that their shyness was a problem. It appears that as young girls approach adulthood they become less apt to label themselves shy, whereas young boys become more apt to affix this label on themselves.

In summary, it appears that shyness is a problem for both children and adults and that most people would prefer to be less shy. Most importantly, half the shy adults and more than half the shy children would like some therapeutic help in overcoming shyness.

Group Counseling With Children

Definition

Group counseling has been described as a dynamic, interpersonal process through which individuals within the normal range of adjustment work with a peer group and with a professionally trained counselor, exploring problems and feelings in an attempt to modify attitude so that they are better able to deal with developmental problems (Cohn, Combs, Gibran & Sniffen, 1973, p. 355-356).

Cox and Herr (1968) further elaborate on the dynamic interpersonal process: dealing with individuals within the normal range of adjustment, working with a peer group, working with a professionally trained counselor, exploring problems and feelings in an attempt to modify their attitudes and the final aspect of dealing with developmental problems.

Gazda, et al. (1967) conducted a survey with respondents who preferred the term group counseling, and from this initial survey a composite definition was generated.

Group counseling is a dynamic interpersonal process focusing on conscious thought and behavior and involving the therapy functions of permissiveness, orientation to reality, catharsis and mutual trust, caring, understanding, acceptance and support. The therapy functions are created and nurtured in a small group through the sharing of personal concerns with one's peers and the counselor(s). The group counselees are basically normal individuals with various concerns which are not debilitating to the extent requiring extensive personality change. The group counselees may utilize the group interaction to increase understanding and acceptance of values and goals and to learn and/or unlearn certain attitudes and behaviors (Gazda, et al. 1967, p. 306)

Mahler (1969) has defined group counseling as:

The process of using group interaction to facilitate deeper self understanding and self acceptance. There is a need for a climate of mutual respect and acceptance so that individuals can loosen their defenses sufficiently to explore both the meaning of behavior and new ways of behaving. The concerns and problems encountered are centered in the developmental

tasks of each member rather than on pathological blocks and distortions of reality (Mahler, 1969, p. 11).

Developmental considerations are of prime importance since different approaches are necessary with different age groups. For example, some counselors advocate the use of play procedures in the lower grades. "It is thus advocated that such techniques as play therapy fit the lower grade level much better than do the more verbal counseling approaches" (Cox & Herr, 1968, p. 63).

Rationale

It is now recognized that some authors prefer group counseling to individual counseling for children. Faust (1968) brings forth two arguments favoring group counseling. The first is based on the belief that what children learn is learned in groups and that new learning (or unlearning) might therefore best be effected in groups. The second argument is economic, since a counselor can treat a larger number of children within the same time span.

According to Dinkmeyer (1968), the major therapeutic effect of group counseling stems from recognition that most problems are primarily social or interpersonal in nature. The child then must learn to interact more

effectively within the group. Group counseling satisfies this condition by providing direct experience in social interaction. The child's character is expressed through social movement and interaction. Group counseling thus provides the child an opportunity to reveal personal convictions and develop self-understanding. The child therefore benefits from the corrective influences and encouragement of the group. Members of the group come to understand their own behavior by observation and identification with the behavior of others. This process provides the child an opportunity to consider alternative behavior and test reality.

One of the primary benefits is that the process of group counseling enables members to feel a genuine sense of belonging, regardless of any individual's shortcoming. Dinkmeyer states (1968), " . . . indeed, the child often acquires a sense of belonging because of his deficiencies" (Dinkmeyer, 1968, p. 272).

Group counseling enables the child to develop social interests. In the group the child can show his concern for others and can participate in the problems of daily living (Dinkmeyer, 1968). In his position as a member of the group, the child may see that other children have problems similar to his own. By realizing this he may lose the painful feeling

of being different. This feeling Harry Stack Sullivan (1953) aptly described as the "delusion of uniqueness," the widespread and ultimately crippling notion people have that they are utterly different from everybody else and therefore strange and somehow inferior so that they had better keep quiet about it. Yet within the security of the group, the child can approach his problems at his own speed.

Group counseling is also seen as facilitating the corrective process. The child is able through the group to receive feedback about his behavior and can thus develop new behavioral strategies for interpersonal problems.

According to Dreijurs and Sonstegard (1968), group counseling recognized that the child is an indivisible decision making being whose actions have a social purpose. It recognizes that a child has a basic need to belong and that man is not self-actualized until he feels a sense of belonging which can be facilitated in group counseling.

Bessell (1973) believes that through the group counseling process the child gains three primary benefits, he increases his self-confidence, self-awareness, and social understanding. Bessell (1973, p. 1) states,

All patients in therapy reveal three basic though related deficiencies: They aren't really aware of the motives that influence their behavior; they lack a real and steady confidence in themselves as whole persons; and they only dimly understand why and how human beings react to each other. People with deficient self awareness, self confidence and social understanding are really

"asking" and "answering" for themselves three simple questions: Will I get hurt? (Yes.); Will I fail? (Yes.); Will I be accepted? (No.). These questions are natural and universal among school children; the young child is in effect born to ask them. The pessimistic answers, however, are not natural; they are learned.

Bessell believes that through an informed sympathetic adult counselor and the positive influences of the group the child can develop feelings of self-awareness, self-confidence, and social understanding.

Dinkmeyer (1968) also sees other positive values in the group experience. He feels that the group provides the child with "the opportunity to develop a feeling of equality, confidence, courage and adequacy; to release negative feelings; to work out role identities; and to be loved." Dinkmeyer states, "Although group counseling obviously provides a chance to help more children at one time, it should not be chosen as a guidance method merely because it is expedient. It should be used because of the inherent advantages of the group setting and group procedures." (Dinkmeyer, 1968, p. 152).

Carkhuff (1969) has developed group training as a preferred mode of treatment for problems in living that are interpersonal in nature. Carkhuff proposes that the core of functioning (or dysfunctioning) and the core of the helping process are interpersonal. Therefore, he supports group processes as the best mode of treating difficulties in interpersonal functioning. From this viewpoint, the group situation can be viewed as a learning laboratory in which the

child gets a chance to try out in vivo some of the skills he is using inappropriately in his real life environment.

Research on Group Counseling in the Elementary School

Altman and Firnesz (1973) selected 50 children who were rated by their teachers as having low self-esteem according to a Behavior Rating Form developed by the researchers. The treatment groups met once a week for ten consecutive weeks. A decision making model was used which provided children the opportunity to explore alternative solutions to problems and make trial decisions using role playing procedures. The results reported by the B.R.F. indicated that by role playing typical conflict situations, children learned to cope better with themselves and their environment, yet no significant changes were found among treatment and control groups on self-esteem as measured by the Coopersmith Self-Esteem Inventory.

Carkhuff (1970) believes in training those individuals most directly involved with students' welfare (paraprofessionals) to help them, including teaching students themselves the skills that they require to function effectively and help others. Carkhuff (1970) cited his successful training program with ghetto school children who had difficulty expressing themselves in their classes. Students, teachers, and counselors were first taught separately in groups the communication skills that each needed to function effectively.

Group goals were set in achievable terms. The problems were first discussed in imagery, then role played, and finally enacted in real life. The programs were developed systematically and were tailored to the students' individual needs. Furthermore, students' chances for success were enhanced by training teachers to facilitate desired behavior in students.

Crow (1971) compared the effects of three types of group counseling approaches that varied in structure. She provided each group of sixth graders with group counseling once a week for 45 minutes for 12 weeks. The combined groups of experimental subjects made greater mean gains than the control subjects on all of the seven criterion variables except one (grades). The statistical data did not indicate which one of three approaches would be preferable in working with sixth grade students. Crow concluded that used sequentially, i.e., beginning with the most highly structured approach and concluding with the approach involving no externally imposed structure, the three approaches could be compatible rather than competitive.

Davis (1948) in one of the better early studies counseled nine children in two groups (30 minutes for each session, twice a week for ten weeks) to find the answer to this question: Can the degree of social acceptance within a first grade be increased? She obtained daily reports from teachers, photographed the children periodically during free play, and used a sociometric test to appraise change in pre-, post-, and

follow-up testing. She concluded that group counseling increased social acceptance in the classroom.

Eldridge, Barcikowski, and Witmer (1973) studied the effects of the DUSO guidance problem on the self-concepts of rural Appalachian primary age children. The sample of 98 pupils in the second grade of two elementary schools were divided into two treatment and two control groups. The experimental group received twenty-five 30 minute sessions over a five week period using Unit I of the DUSO group guidance program. It was concluded that there was a significant difference in the self-concept of the children in the treatment group as measured by the DUSO-AD-I which purports to measure a sense of self identity. However, no significant differences were found between the groups as tested by the Pier-Harris Children's Self Concept Scale and the California Test of Personality. The results appear to indicate that the instruments were not measuring the same dimensions of self concept.

Hinds and Roehlke (1970) appraised the effectiveness of a learning theory approach to group counseling with third, fourth, and fifth grade children who were referred by their teacher because of specific behavior problems that interfered with classroom learning. The experimental groups were involved in biweekly counseling sessions with both a male and female counselor. Classroom behavior of subjects was used to establish a base rate for each client and to identify

behaviors that each child needed to improve. Counselors used systematic reinforcement in the groups to shape each child's behavior and to extinguish interfering behaviors. In this well developed study, competent counselors (the investigators) provided the treatment and produced significant results. Also, there occurred a transfer effect from behaviors in the counseling group to desired behaviors in the classroom.

In contrast, Kelly and Matthews (1971) failed to obtain a significant result in a similar study. The investigators used an experimental group with a classroom meeting model developed by Glasser (1969) with 10 children; unfortunately only five of these children had regular attendance at the group meetings. This study should be repeated with some necessary changes to test more adequately the experimental hypotheses.

Kern and Kirby (1971) compared the effects of a counselor centered group counseling procedure with one in which trained peer helpers were used to assist the counselor. Groups of five to eight children met for nine weeks in 50 minute sessions. In those groups in which peer helpers were used, children exhibited significantly greater improvement on personality measures than did either the controls or the subjects treated in counselor centered groups. It is suggested that these results should encourage counselors to train participants to be helpers as well as helpees.

Mayer, Kranzler, and Matthes (1967) compared the effects of counseling and selected guidance techniques upon fifth and sixth grade elementary school students' peer relationships. When the treatment conditions were compared, no statistically significant differences were found among them. The investigators used advanced graduate students as counselors in the study and Patterson (1966) has claimed that the use of these students as counselors is not an adequate test of the effectiveness of counseling.

Moulin (1970) examined the effects of client centered group counseling on intelligence, achievement, and psycholinguistic abilities of underachieving primary school children. The subjects were 24 first, second, and third graders in a predominantly black elementary school. Significant results were obtained for the psycholinguistic (ITPA) abilities test and the nonlanguage sections of the mental test. No measured differences were obtained on achievement level. The treatment method, the counselor, and the setting in which the treatment was given were well described, and the study was reasonably well designed.

Novick (1965) made a comparison of short-term group therapy and individual psychotherapy in problem children treated in a community mental health center. He treated children who were judged either good or poor prospects for counseling. No significant gains were noted after 10 sessions, but some significant changes were noted by trained

observers after 20 sessions. It is possible that chance could have accounted for any observed differences in those treated individually and for those treated in groups. Best prospects responded better to treatment than poor prospects.

Ohlsen and Gazda (1965) appraised the outcomes of group counseling with bright underachieving fifth graders. Twenty-two experimental subjects were counseled twice a week for eight weeks. In comparison to the control group, the experimental group increased congruence between perception of self and ideal self, and decreased symptoms related to psychosomatic illnesses. Yet they failed to exhibit significant improvement in grades, behavior inventory scores, achievement test scores, perceptions of self, and social acceptance. Ohlsen (1973), in reviewing his own study, believes that perhaps the treatment experiences would have been made more profitable if those selected had a greater commitment to change, if the behavioral goals had been defined more specifically, and if they had been placed with other better achieving children who could serve as models.

Palmo and Kunziar (1972) used a three group approach and compared each group with controls and with each other. They compared counseling children in groups, counseling children in groups supplemented by consultation with teachers and parents, and consultation only with teachers and parents. They used an Adlerian approach and both children and teachers met in separate groups twice a week for six weeks, while

parents met biweekly with other parents. It was concluded that the parent-teacher consultation was the most effective strategy used; however, there is the possibility that a teacher-rater bias could have influenced their rater responses.

Payne and Dunn (1970) attempted to alter the self concepts of culturally different fourth and fifth graders in 18 counseling sessions. The sessions were highly structured discussions developed around films and problem centered stories. The children improved their self-concept scores and interpersonal skills.

Thomas (1974) used videotaped modeling to increase attending behavior of first grade students from disadvantaged families. He chose 69 students with the lowest total scores on a standardized rating scale of attending behavior completed by their teachers. Videotapes of a model (disadvantaged child) who was attending were presented to the experimental groups. Attending behavior was defined as behavior which indicated that the student was giving attention to the material being presented. The results of the study provided support for the assumption that a short term guidance intervention program using modeling is an effective method for increasing attending behavior. This investigation is an excellent example of using criterion measures that are directly related to the counseling treatment.

Warner, Niland, and Maynard (1971) used model-reinforcement group counseling with discrepant fifth graders (most of whom could be satisfied with nothing less than an A or B, but were receiving C's or lower). The models used were children who were achieving at the C range and expressed satisfaction with their achievement. Model-reinforcement appeared to be more effective in reducing discrepancy in students than did free discussion groups. They also found the attitude that every student must perform at above average levels if he is to be considered successful, and determined that this is prevalent in urban and rural areas, as well as in suburban areas. Having unrealistic goals has been shown to be related to inappropriate behavior, and helping the child set more realistic goals may lead to more appropriate behavior.

Winkler, Tregland, Munger, and Kranzler (1965) investigated the effects of counseling and remedial techniques in altering grade point average and measured personality variables of underachieving fourth grade students. Out of 700 students tested, 121 were identified as underachievers. These underachievers were exposed to various counseling and reading instruction treatments for 14 one-half hour sessions. The results indicated that the various treatments were not effective in producing significant changes. The investigators could have improved their study by using experienced counselors and better criterion measures for appraising change.

TABLE 4
SUMMARY OF RESEARCH ON GROUP COUNSELING WITH CHILDREN

Investigators	Description of Children	The Counseling Treatment	Major Findings for Experimental Group
Altman & Firnesz, 1973	Children with low self-esteem	Role playing, decision making approach	Cope better with environment, no change in self-esteem
Crow, 1971	Sixth graders	Stories presented orally, visually and unstructured approach	Positive gains on 6 dependent measures
Davis, 1948	First grade children with low social acceptance	Group play therapy	Did improve social acceptance; used a sociometric test
Eldridge, Barcikowski & Witmer, 1973	Second grade children in rural Appalachia	DUSO Guidance Program Unit I	No difference in self-concept and personality measures; a positive change in self-identity
Hinds & Roehlke, 1970	Third, fourth & fifth grade children with specific behavior problems	Social learning approach; systematic positive and negative reinforcement	Adaptive behaviors increased and interfering behaviors decreasing; there was a transfer effect to the classroom

TABLE 4 - continued

Investigators	Description of Children	The Counseling Treatment	Major Findings for Experimental Group
Ohlsen & Gazda, 1965	Bright under-achieving fifth graders	Counseling and discussion	Mostly negative results on 5 measures; positive results on increased congruence between perception of self and ideal self or acceptance of peers
Payne & Dunn, 1970	Culturally different fourth & fifth graders	Highly structured group using films and problem centered stories	Children improved self-concept scores and interpersonal skills
Thomas, 1974	First grade disadvantaged students with low attending behavior	Children viewed videotapes of a model	Increased attending behavior
Warren, Niland & Maynard, 1971	Discrepant fifth grade children	Counselor led discussion group & model reinforcement group	Model reinforcement led to greater change in unrealistic goals

TABLE 4 - continued

Investigators	Description of Children	The Counseling Treatment	Major Findings for Experimental Group
Kelly & Matthews, 1970	Fifth and sixth grade children with serious discipline problems	Behavior modification	No positive change on teacher ratings
Kern & Kirby, 1971	Elementary aged children	Peer helpers	Improved on personality measures
Mayer, Krantzler & Mathes, 1967	Fifth and sixth grade children in lower half of class in socioeconomic status	Counseling and teacher guidance	No difference in peer relationships
Moulin, 1970	Underachieving first, second & third graders	Client centered group counseling with play media	No change in achievement; some positive change on psycholinguistic ability
Novick, 1965	Problem children in community mental health center; good & poor prospects for counseling	Group therapy	No change after 10 sessions; some positive change after 20 sessions; best prospects did better than poor prospect

Table 4 - continued

Investigators	Description of Children	The Counseling Treatment	Major Findings for Experimental Group
Winkler, Treg- land, Munger & Kranzler, 1965	Underachieving fourth grade students	Various counseling treat- ments and reading in- struction	No significant change in person- ality variables & grade point average

Summary and Implications

The quality of research designed to appraise outcomes of group counseling with children has improved a great deal during the past ten years. According to Ohlsen (1973), the most common positive results include children's improved (1) interpersonal skills; (2) acceptance of self and others; (3) acceptance by others; (4) class participation; (5) congruence between perception of real self and ideal self; (6) school achievement; and (7) classroom behavior.

Howard and Zimpfer (1973), in reviewing the literature on group approaches in the elementary school, believe that the overall direction of the research to be more positive than negative. In the area of underachievement in elementary school, the results have been overwhelmingly positive, while grade point average appears to be less affected by group procedures. In regard to sociometric status, these studies which were produced during the six year period 1964 to 1969 have produced conflicting results. During that time those studies which utilized traditional group counseling methods had disappointing results. However, the few studies that used behavioral approaches to improve peer status appear encouraging.

Ohlsen (1973) believes that improved results in group counseling tend to be achieved when counselors can select groups comprised only of those clients who know what is

expected from them as clients and helpers, what they can expect from others and how they may be helped. He sees the most benefit from clients who are ready for counseling, who are committed to change their behavior and are willing to help other group members.

Ohlsen (1973) concluded that the research designed to appraise group counseling with children is still plagued by specific deficiencies: (1) inadequately defined treatment process; (2) vague descriptions of the treatment process; (3) vaguely stated criteria for appraising outcomes; (4) lack of clearly defined behavioral goals; (5) use of vague, global measures (and sometimes of irrelevant measures) to appraise outcomes; (6) inadequate precautions to insure that control subjects do not obtain treatment; (7) no systematic follow-up of subjects; (8) use of a sample that is too small or one that is not generalizable to other populations; (9) failure to select clients who wish to participate and are committed to change their behavior; (10) use of counselors who are minimally or inadequately prepared to provide the counseling treatment.

It appears that prevention will require early identification and involvement. Howard and Zimpfer (1973) believe that prevention ". . . may require longer investments of time in terms of longer treatment duration and later follow-up evaluation to show their effects. They may also require

different measuring instruments that are sensitive to the rapidly changing and developing elementary school student.

Studies Using Intervention Strategies With Shy, Withdrawn or Nonverbalizing Children

Tosi, Upshaw, Landle, and Waldron (1971) used two behavioral based reinforcement techniques (the Premack Principle and social reinforcement) with nonverbalizing elementary students. In the social reinforcement group, the subjects engaged in conversation with the counselor for 30 minutes. Social reinforcers consisted of the counselor's use of words and phrases such as "good" and "that's wonderful," "great" and "tell me more." Smiles and other friendly gestures were also used.

The Premack Principle (Premack, 1965) suggests that a high probable behavior (playing) can serve as a reinforcer for a low probability behavior. In the group applying the Premack Principle, the counselor asked the group members to engage in conversation with them for 5 minutes; following this, the members were given play time. The verbalizing period was systematically increased by two minutes to a maximum of 15 minutes.

A control group and a teacher expectation control group were also included. In this study the control group made greater gains than the teacher expectation control group. The results indicated that the counseling interventions which focused most directly upon the criterion behavior had

the greatest impact. Yet, all groups evidenced some improvement. Tosi, et al. (1971) suggested that by focusing attention and by making clients aware of verbal behavior, the child's verbalization can be increased!

Tosi, Swanson, and McLean (1970) used group counseling with nonverbalizing elementary pupils. The counselor met with the experimental group once a week for 45 minutes for four weeks and reinforced the children with praise and encouragement. The actual number of verbal responses to questions or verbal participation in discussion were counted by teachers for a one day period. A pretest score and two posttest scores were recorded. Students in the experimental group did not differ significantly from control subjects on posttest I, yet differed significantly on posttest II. The experimental group made greater gains in unsolicited verbal response than the control group. The authors suggest that though this study is exploratory in nature, the counselor's use of social reinforcement has applicability for use with nonverbalizing elementary students.

Clement and Milne (1967) randomly assigned 11 shy, withdrawn third grade boys to three play therapy groups. The groups (4Ss), that met in a play group, who had a therapist, and who received tangible reinforcement for social approach behavior, showed a marked reduction in the extent of shy, withdrawn behavior.

Hansen, Niland, and Zani (1969) investigated the effectiveness of model reinforcement and reinforcement group

counseling with elementary school children of low sociometric status. The study was designed to compare the results of model reinforcement groups (i.e., high and low sociometric students) with reinforcement counseling groups consisting of all low students. The groups were composed of either six low or three high and three low sociometric students which met twice weekly for four weeks. The students were told that the purpose of the meetings was to discuss social behavior in schools.

The results indicated that low sociometric students in model reinforcement conditions made significant social choice gains while students in the reinforcement group and control group made negligible gains. The findings suggested that modeling in group counseling serves to strengthen learning about social behavior.

Johnson (1964) did a study with upper elementary students for the purpose of testing a procedure for increasing classroom verbal participation. The subjects were students who participated very little in classroom situations and were chosen according to teacher rankings of class participation. The treatment groups were composed of three children; all low participators, two low and one high participator, one low and two high participators, plus two control groups.

The experimental groups were given five 30-minute treatment sessions, administered once every other day for

two weeks. The treatment consisted of discussions on familiar topics, such as favorite television programs. Whenever a low participator contributed to the discussion, the counselor gave positive verbal reinforcement but withheld reinforcement from high participators.

The criterion measures were (1) teacher ratings of verbal behavior during the weeks of the experiment; (2) the degree of participation in a controlled discussion led by a counselor who was a stranger to the students; and (3) observation of verbal participation by an independent observer. The findings indicated that the low participator increased significantly on two measures, teacher ratings and independent observation. This suggested that experimental treatment generalized outside the classroom group. In general, greater transfer to classroom participation occurred when the treatment groups consisted of all low participators rather than when one or two high participators were mixed with the group.

O'Connor (1969) used symbolic modeling procedures to correct severe withdrawal in young children. O'Connor notes that withdrawal in social and interpersonal situations is evidenced by two things: (1) deficits in social skills and (2) avoidance of interpersonal situations. He recommended that treatment should focus on learning new social competencies and erasing social fears.

Half of the children viewed a film that vividly portrayed a variety of social interaction scenes between a

child and others. Eleven scenes were depicted with each one graduated according to the degree of threat and showed reinforcement for social interaction such as peer approval (smiling, nodding, etc.) and peer acceptance (invitations to join in, offering play materials, etc.). A control group observed a film unrelated to isolate behavior.

Following these treatments, children were given the opportunity for social interaction. Children who watched the control film remained quite withdrawn, while children who watched the modeling film made an impressive gain in social interaction, which even surpassed a nonisolate base rate. Follow-up observations were not conducted, but a second set of teacher ratings were obtained at the end of the year. The teachers were asked to again choose the most extremely withdrawn children. Only one of the experimentals was chosen, whereas four of controls were chosen again.

In a case study with a six year old preschool boy (Ross, Ross, and Evans, 1971), modeling with guided participation was used to modify extreme social withdrawal. A seven week (twenty-one 90 minute sessions) treatment program was administered by a female psychologist, while a male undergraduate psychology student served as a model. The first four sessions consisted of establishing in the boy generalized imitative behavior of the model. The remaining sessions focused on different approaches such as symbolic modeling presentations, giving information, role playing,

and modeling. Posttest and two month follow-up data showed that the treatment was quite effective in increasing social interactions and decreasing avoidance of other children.

Summary and Implications

In summary, most studies attempting to change shy, withdrawn, nonverbalizing, or isolate behavior in children used some type of social reinforcement as the sole treatment technique. O'Connor (1969) in a group treatment approach, used symbolic modeling procedures, and Ross, Ross, and Evans (1971) used modeling with guided participation to modify severe withdrawal in a young child. Ross, Ross, and Evans (1971) were the only investigators who made an attempt to teach new skills and behaviors in a single case study. It is evident that there has been a lack of treatment aimed at teaching withdrawn children new interpersonal skills with an opportunity to practice these newly acquired skills within a therapeutic group setting. Though social reinforcement provided by an authority figure is an effective therapeutic approach, there exists little follow-up data on its generalizability after the reinforcement has been terminated. The present researcher sees a need to provide a more comprehensive treatment program that will give children new skills that will be effective after social reinforcement has been withdrawn.

Pilot Study on an Experimental Group Counseling Approach for Shy Children

Purpose of the Program

The major purpose of the pilot study was to develop, refine, and test a group counseling program for shy children. A practical approach was developed in order to ameliorate both the emotional distress associated with shyness and shyness itself.

The experimental program is named Affirmation Training and is based on the theoretical rationale of social learning theory and behavioral counseling. The researcher used a group counseling intervention strategy based on the assumption of Dinkmeyer (1968) that most problems are primarily social or interpersonal in nature. The researcher, in developing the program, attempted to utilize the curative factors in group counseling and psychotherapy (Yalom, 1970). This was done by structuring the group sessions to take particular advantage of the effective force of the curative factors.

The basic structure of the program was initially developed by the researcher who felt strongly committed to the idea of prevention. The researcher, in his formative years, was a shy child who had experienced first-hand much of the emotional distress associated with shyness. The basic idea was to prevent other children from experiencing the painful consequences of shyness. This was to be done by teaching specific skills, maximizing opportunities for

the discussion of feelings, providing a safe therapeutic milieu, and giving liberal reinforcement to the efforts of all the children.

Since the researcher came from a background of counseling in university counseling centers and community mental health centers, it was believed that the best way to refine and polish the program was to work with experienced elementary school counselors. Therefore, the researcher enlisted the expertise of five counselors in Alachua and Marion County who had received their training from the Counselor Education program at the University of Florida. The elementary school counselors, Atkinson, Bowers, Mishkin, Rawitscher, and Williams, each co-led a group with the researcher. The groups met twice a week for seven weeks in 30-45 minute counseling sessions. Each counselor contributed greatly to the final development of the experimental program, and the researcher is greatly indebted to their guidance and influence.

Components of the Program

The program is composed of fourteen 30-40 minute structured group counseling sessions. (See Appendix A.) One central idea is to provide all the children the opportunity to interact in a group setting. Therefore, during the beginning of each session, each child is given his own chance to relate to the group what he is thinking and

feeling. During the first sessions the procedure is called greeting talk, and the child faces the person next to him, and relates how he feels, and relates any significant happenings of the day or previous week. After the children feel comfortable with greeting talk, rounds begin. The same procedure is followed except that instead of speaking in dyads the child speaks to the entire group. The basic goal is to encourage all the children to share their thoughts and feelings within the supportive atmosphere of the group. During the first couple of sessions, the goal is to encourage participation, and this is accomplished through counseling games and exercises. During the second week, the counselor begins to teach assertiveness training to the children. The differences between passive, aggressive, and assertive behavior are taught and children are given numerous opportunities to role play different situations using all three types of responses. The counselor models the components of assertive behavior, and the children practice these learned skills in the counseling setting. The children in the following weeks are taught listening, attending, and communication skills. They are also engaged in semi-structured group discussions, with some of the discussions related to shyness issues. During the final weeks, the group returns back to assertiveness training, with the children provided the opportunity to bring their own personal problems to the group for discussion and role playing. The counselor in the group always models effective interpersonal

skills, and not only provides reinforcement to the children, but also encourages the children to reinforce each other.

Selection Procedures

Thirty-four children were selected for the experimental treatment program by the school counselor in conjunction with the teacher or by the teacher alone. Selection procedures were based on ten criteria that appeared characteristic of shy children. The criteria were (1) has difficulty speaking up in class; (2) speaks in a low speaking voice; (3) is timid in social situations; (4) has difficulty establishing eye contact with others; (5) has difficulty standing up for his/her rights; (6) is quiet in social situations; (7) tends to withdraw from social contact; (8) appears self-conscious in social situations; (9) appears shy with classmates; and (10) appears shy with adults.

Criterion Instruments

The criterion instruments used were developed by the researcher. These include the Shyness Self-Report, which is an 18-item questionnaire focusing on a child's feelings, thoughts, and behaviors related to shyness. The other instrument developed by the researcher was an internal-external control measure. This was based on the internal control expectancy that reinforcing events are at least partially contingent on one's own behavior, rather than wholly dependent on chance, fate, and other's uncontrollable whims.

The third self-report measure was the Shyness Line, a Likert type line where children were asked where they felt they belonged on the construct of shyness. They were asked to place a mark on a 9-point line according to how they felt about the question, "Are you a shy person?" The fourth self-report measure, the Shyness Problem Line, used the same format and the children were asked, "Is shyness a problem for you?"

The fifth measure was a rating by the teachers of the children in the experimental group. The teachers were asked to give an overall change rating to the children based on the ten specified criteria. The teachers were asked to rate the children one week after the group's termination. The measure was based on a 9-point scale ranging from extreme positive change to extreme negative change. The sixth measure was the same rating form completed by the school counselor.

Results

The counselors rated 91 percent of the children improved; 9 percent were reported to have made no change. Not one child was reported to have made a negative change. The counselor's ratings were extreme positive change (3%), large positive change (18%), moderate positive change (44%), and slight positive change (26%). The median amount of change was moderate positive change.

The teachers reported very similar findings, 91 percent of the children improved, 9 percent were reported to have made no change and no child was reported to have made a negative change. The teachers' ratings were: large positive change (15%), moderate positive change (47%), and slight positive change (29%). The median amount of change was moderate positive change. The mean amount of change reported by the counselors and teachers were 1.79 and 1.68, respectively.

On the four self-report measures, the subjects were given both pre and posttests. It was found that on both the Shyness Line and the Shyness Problem Line there was a significant difference at the .05 level in the perceptions of the shy children. The children reported that they not only saw themselves as less shy, but that shyness was less of a problem to them after receiving the experimental treatment.

On the Shyness Self-Report there was a change in a positive direction in the reported feelings, thoughts and behaviors of the shy children. Though the change was in the anticipated direction, it did not reach statistical significance at the .05 level. On the internal-external control measure, there was no appreciable change; that is, children did not see themselves as more internal after the completion of the group.

It was found that some of the effects of the experimental treatment were not able to be measured by the criterion instruments, and that some of the changes in the group members did not become as discernable until weeks after the termination of the group. For example, in one school, plays were put on in the various grade levels. The children that had participated in the experimental treatment group co-led by Bowers and the researcher not only actively participated, but were said to have projected themselves better than their classmates and actually had leading parts.

In the later groups there was a greater focus on behavior change in the classroom. It was found that some of the change was situation specific, that is, the children changed their behavior according to what they practiced in the group. In one group the children practiced walking up to the teacher and asking her for help when they didn't understand the lesson. In another group the emphasis was placed in having the children raise their hands when they knew the answer to a question asked by the teacher. In the first group the teachers reported that the children were more frequently eliciting her help, while in the latter group the children were participating more in class discussions.

It was also found that the children did not feel comfortable with their shyness. In one group the children were asked if they would prefer to be less shy if they could. All the children responded that they wished they could be less

shy. When asked in an assertiveness training session how they usually respond in a given situation, most children chose the passive response. Yet when asked how they would like to respond, all the children chose either the aggressive or the assertive response.

Summary and Implications

The results of the pilot study suggest that it is possible to change the feelings, thoughts and behaviors of shy children. These changes can be seen by both counselors and teachers. Approximately 90 percent of all shy children make a positive noticeable change. There was no evidence of any detrimental effects on any of the children. On a global rating the children report that they now see themselves as less shy and that shyness is less of a problem to them. There was a slight positive change that did not reach significance on an 18-item questionnaire measuring shyness. It appears that though there was a general feeling of being less shy and experiencing shyness as less of a problem, a statistically significant change was not discernable by combining the results of eighteen possible shyness-eliciting situations. There was no change in internal-external locus of control.

For the experimental study it was decided to abandon the internal-external control measure and change the treatment slightly to correspond more with the 18-item questionnaire. Also, a simulated assertiveness situation test was

developed to tap children's assertiveness that is specifically geared to the experimental treatment. This would test children's assertiveness in five specific situations and would hopefully be more sensitive to positive change.

Theory and Research Relevant to the Experimental Treatment Program

Curative Factors

In order to better understand the rationale for group counseling, the curative factors in group psychotherapy will be examined; some factors operate both in individual and group therapy, while others are specific to groups.

Yalom (1970) was seeking an answer to the basic question, "How does group therapy help patients?" If this question could be answered with certainty and clarity, group therapy could be potentially organized to enhance the potency and development of the major curative factors. Yalom used three basic approaches to answer this question. He collected data from therapists of different schools of thought, from group therapy patients during and after the course of therapy, and correlated a series of in-therapy variables with ultimate patient outcome in therapy. He attempted to determine which variables are significantly related to successful outcome. From these three approaches he divided the curative factors into primary categories. Many of these factors are interdependent, that is, they do not occur nor function separately.

Yet for the sake of clarity these ten factors are considered separate entities:

1. imparting of information
2. instillation of hope
3. universality
4. altruism
5. the development of socializing techniques
6. imitative behavior
7. catharsis
8. group cohesiveness
9. interpersonal learning
10. the corrective recapitulation of the primary family group.

The first nine curative factors will be discussed with an emphasis on their integration into a counseling program designed to ameliorate the emotional distress related to shyness.

The imparting of information. Didactic instruction has been employed in different fashions in group counseling. It sometimes operates as an initial structuring process for the group until the other factors come into existence. Both explanation and clarification can be curative in nature. Jerome Frank (1946) has shown that secondary anxiety stemming from uncertainty often creates more havoc than the primary disease.

Affirmation Training is by definition educational in nature. Children are given information in regard to listening, attending and communication skills. The children are taught the basic differences between nonassertive, aggressive and assertive behavior. For example, systematic observation of assertive behavior has led many behavioral scientists to conclude that there are a number of elements which constitute an assertive act. These components are demonstrated: eye contact, body posture, gestures, facial expression, voice tone and volume, timing, and content (Alberti & Emmons, 1975). Zimbardo (1975), in addressing therapy for shy college students, believes that the simple act of disseminating information about the prevalence and nature of shyness may have therapeutic value. "Our students in the shyness seminar were greatly relieved to discover that they were not unique in their shyness, and in fact were statistically quite common and 'normal' in being shy." Therefore, psychological education is one of the most important curative factors in Affirmation Training. (Zimbardo, 1975, p. 49).

Instillation of hope. Several research inquiries have demonstrated that a high pretherapy expectation of help is significantly correlated with positive therapy outcome (Goldstein, 1962). There is also massive data on placebo treatment. Also, such practices as faith healing have shown successful cures in true believing individuals.

A primary emphasis in Affirmation Training is that children will become less shy as they continue through the program. The children are given hope during the first session. They are given the expectation to keep trying and they will improve with practice. The children are told that they will gain many valuable experiences and learn new things that will be both beneficial and exciting.

Universality. Yalom (1970) sees the disconfirmation of the sense of uniqueness as a powerful source of relief. Such social psychiatrists as Harry Stack Sullivan describe this concept as the "delusion of uniqueness," while Karen Horney (1945, p. 41) sees the feeling a child has of being isolated and helpless in a hostile world as the basic factor causing anxiety. Therefore, the sharing of this anxiety with other children in the group has great therapeutic significance. For example, in co-leading a group at a partial-hospitalization community, the group members were greatly relieved when an incoming member shared the nature of delusional voices he heard. The group members all probed this new member to determine if the voices heard were similar or dissimilar to their own. The more similar the delusion the less unique and less frightened the patients became.

Universality can best be appreciated in conjunction with the other factors in Affirmation Training. With extremely shy youngsters who have difficulties in interpersonal relations, their sense of uniqueness can be heightened by

social isolation. Therefore, the opportunities to share their feelings, especially in emotional discussion and rounds, can help disconfirm their feelings of uniqueness.

Altruism. In the course of counseling, children help one another. This form of help can come from support, advice, reassurance or the sharing of similar problems. Jerome Frank (1963) has related the importance of altruism in different psychotherapies.

In Affirmation Training exercises are specifically designed to enable the children to compliment each other. An emphasis is placed on giving positive feedback, with the counselor offering praise to students who socially reinforce each other.

The development of socializing techniques. Social learning which is the development of basic social skills operates in all therapy groups. The nature and importance of this process is dependent on the particular type of group.

The teaching of social skills is a prime factor in helping the shy child. The child is taught how to more effectively interact with his peers, to develop more social understanding, and to learn how to include others and be included. He is taught how to reinforce other children and how to be appropriately assertive in social situations. Through the group counseling process the child learns to give constructive and positive feedback to other members.

Imitative behavior. Bandura (1962, 1965, 1969, 1971) has long claimed that social learning cannot be adequately explained on the basis of direct reinforcement. He and his associates have demonstrated the great importance of role modeling as an effective therapeutic force.

In counseling shy children the counselor serves as a role model. In teaching communication skills, social skills, and assertive skills, the counselor directly models the specific behavior and provides an opportunity for the children to imitate him. Not only is the counselor modeling specific skills, but he is also establishing with the children a relationship which offers them high levels of accurate empathy, nonpossessive warmth, and genuineness. These conditions have been shown by Truax and Carkhuff (1967) to be the critical variables between effective and noneffective counselors. In summary, the counselor is modeling both specific skills and his own wholeness and congruence in the relationship.

Since social skills training (Assertiveness Training) and role modeling are such important components of Affirmation Training, the related research will be explained in greater detail later in this chapter.

Catharsis. The expression of strong feelings is seen by Yalom (1970) as a valuable part of the curative process though not a goal in itself. Strong expression of emotion enhances the development of cohesiveness.

Yet for shy children catharsis can be quite important. The children in Affirmation Training are provided an

opportunity to express their feelings and "get things off their chest." The children are taught how to express both positive and negative feelings in assertiveness training. The children are shown how to say what was bothering them instead of keeping quiet. The children are also given the opportunity to act in an aggressive manner before they act in an assertive manner. The expression of aggression often helps facilitate the expression of other feelings and helps facilitate the group process.

Group cohesiveness. The personality theory of Alfred Adler and his proponents Rudolph Dreikurs, Raymond Corsini, Manford Sonstegard, and Don Dinkmeyer are exceedingly helpful for understanding the therapeutic importance of the group. According to Alderian theory, man is primarily a social being. The characteristics which make him distinctly human are a result of his interaction with his fellow man in a group setting. It is only within the group that he can function and fulfill himself, for man is dependent on the group for his development (Dinkmeyer & Dreikurs, 1963).

Man's behavior can be best understood if it is viewed in terms of his social setting; man should not be analyzed apart from the social situation. Social striving is viewed as primary, not secondary. The search for significance and for a place in society are basic objectives. The child is seen as a socially interdependent person and cannot be recognized in isolation. Conflicts arise from interpersonal clashes and not out of intrapersonal struggles.

Belonging, or the extension of social interest to others, is a requisite for mental health (Dinkmeyer, 1968). Man is seen as not self-actualized until he belongs. According to Dreikurs and Sonstegard (1968), some children have never felt a sense of belonging either in the family or school group. In group counseling, each member soon feels that he has a place, despite his shortcomings and deficiencies.

The concept of maladjustment means mistaken approaches to finding a place among one's peers. A child may appear weak and deficient when he becomes discouraged and loses self-confidence. Yet he is viewed as merely using wrong methods to find a place among his peers.

Slavson (1945) summarizes the value of the group to children:

. . . lies in the fact that it supplies a field in which the child may relate himself to others, thus helping him to break through isolation, withdrawal, and aggressive rejection of people . . . to go out . . . into the human environment, thus leading from egocentricity and narcissism to object relationships . . . to test himself against others and discover the boundaries of his ego . . . [and] offers the possibility of developing patterns of relationships with human beings . . . in which the feeling of sameness and therefore of comfort and security is greatest (p. 209)

Bessell (1973), who derived his human development program from the social psychological theories of Karen Horney and Harry Stack Sullivan, believes that children have basic

needs for attention, acceptance, approval, and affection. The more these basic needs are met within the group, the more cohesive become its members.

Attention is notice or recognition; it is a simple acknowledgment of presence. If young children don't get attention, they become either withdrawn or disruptive. Only less critical is the need for acceptance. This means there is a place for the child, a place created by the group.

Acceptance implies the absence of normative evaluation or judgment. The most satisfying kind of acceptance is near total acceptance where the child feels that nothing he does will cause him to be rejected as a whole child.

Approval is a warm positive emotion. It means the child is okay. Approval creates a sense of emotional community and creates the feeling that the child is emotionally linked in a special way.

Affection is the natural expression of closeness between two individuals as individuals. It is a sense of closeness that is often expressed through touch. Unfortunately, many children do not know how to get attention, acceptance and approval at the same time. Therefore, Affirmation Training provides a structured approach for all children to receive attention, acceptance and approval from the counselor and the group. This tends to increase group cohesiveness and produce individual growth.

Yalom (1970, p. 39) states, "group membership, acceptance, and approval are of the utmost importance in the development of the individual. The importance of belonging to childhood peer groups . . . can hardly be overestimated. There seems to be nothing of greater importance for the adolescent, for example, than to be included and accepted in some social group, and nothing more devastating than exclusion."

Interpersonal learning. When we study man's broad evolutionary history from an anthropological perspective, it becomes necessary to consider man in the matrix of human relationships (Yalom, 1970). Hamburg (1963) has pointed out that there is convincing data from the study of primitive human cultures and nonhuman cultures that man has always lived in a group situation with its myriad of interpersonal relationships. He concludes that man's interpersonal behavior has been marked by intense positive intermember bonds, and without this strength survival of the species would have been impossible.

Yalom (1970) refers to Goldschmidt's (1963) review of ethnographic evidence, which states:

. . . Man's self interest can best be served through his commitment to his fellows Need for positive affect means that each person craves response from his human environment. It may be viewed as a hunger, not unlike that of food, but more generalized. Under varying conditions it may be expressed as a desire for contact, for recognition, for acceptance, for approval, for esteem, or for mastery

As we examine human behavior, we find that persons not only universally live in social systems which is to say they are drawn together, but also universally act in such ways as to attain the approval of their fellow men. (Yalom, 1970, p. 39)

The social psychological theory developed by Adler (Individual Psychology) has been discussed due to its impact on group psychotherapy and counseling and since it provides theoretical support for Affirmation Training. Another social psychiatrist, Harry Stack Sullivan's, formulations are exceedingly helpful for understanding the group therapeutic process. Sullivan (1940) contends that personality is a hypothetical entity which cannot be isolated from interpersonal situations, and interpersonal behavior is all that can be observed as personality. Sullivan believes that it is vacuous to speak of the individual as the object of study because the individual cannot exist apart from his relations with other people. From the first day of his life, the baby is part of an interpersonal situation and throughout life remains a member of a social field.

Sullivan theorizes that man's need to be closely related to others is as basic as any biological need. During the developmental period, in the child's quest for security, he tends to develop those traits and aspects of himself which meet with approval and deny those aspects which meet with disapproval.

Sullivan speaks of the juvenile stage which is evidenced in the upper elementary grades. This is a period for becoming

social, for acquiring experiences of social subordination to authority outside the family, for becoming competitive and cooperative, for learning the meaning of ostracism, disparagement, and group feeling.

Sullivan (1953, p. 10) views the therapeutic process "as the study of processes that involve or go on between people." Mental disorder is translated into interpersonal terms. Sullivan (1938, p. 121) states, "Mental disorder as a term refers to interpersonal processes either inadequate to the situation into which the persons are integrated, or excessively complex because of illusionary persons also integrated into the situation." Treatment is directed toward the correction of interpersonal distortions, thus enabling the individual to lead a more abundant life, to participate collaborately with others, and obtain mutually satisfying interpersonal relationships. Sullivan (1940, p. 207) states, "One achieves mental health to the extent that one becomes aware of interpersonal relationships."

As the seven painful consequences of shyness are examined it can be readily seen that the problems experienced by shy individuals are interpersonal in nature. In fact, Zimbardo, Pilkonis, and Norwood (1975, p. 69) entitle their article, "The Social Disease Called Shyness." Consequently, any program designed to help shy children must concentrate on enabling the child to achieve more mutually satisfying interpersonal relationships.

The reviewed studies that attempted to help withdrawn children used social reinforcement as the basic intervention approach. This was accomplished by using an authority figure as the sole reinforcement dispenser. Not only did the researches use only one intervention strategy, but they failed to use the peer group as social reinforcers. Child development specialists have demonstrated that during the critical upper elementary age, the peer group becomes so exceedingly important. Thus, Affirmation Training attempts to maximize interpersonal learning and the reinforcing properties of the group members through specific exercises instead of only relying on the counselor as the sole reinforcer.

Assertive Behavior

Assertive behavior is interpersonal behavior involving the honest and relatively straightforward expression of feelings. According to Rimm and Masters (1974), "assertive training includes any therapeutic procedure aimed at increasing the client's ability to engage in such behavior in a socially appropriate manner." Behavioral goals usually include the expression of negative feelings, such as anger and resentment. Yet in some instances assertive training is used to facilitate the expression of positive feelings such as praise and affection.

Increased assertiveness is assumed to benefit the client in two significant ways. First, behaving in a more assertive

manner should instill in the client a greater sense of well being. Second, the client, after behaving more assertively, should achieve more social and material rewards and thus obtain more satisfaction from life (Rimm and Masters, 1974).

Present day assertive training techniques are based upon the writings of Joseph Wolpe (Wolpe, 1958, 1969; Wolpe & Lazarus, 1966) and to a lesser extent, the works of Andrew Salter (1949, 1964). Salter presented specific techniques in Conditional Reflex Therapy. He advocated assertive procedures (his term was "excitatory") and described six exercises which are summarized below:

1. The use of feeling talk, which involves practice in expressing any feeling.
2. The use of facial talk, which involves practicing facial expressions that go with different emotions.
3. Practice in expressing a contradictory opinion when one disagrees.
4. Practice in the use of I. (In other words, taking responsibility for one's feelings.)
5. Practice in agreeing when complimented.
6. Practice in improvising.

The theory of assertive training. Salter (1949) viewed behavioral timidity as reflecting a state of psychological inhibition that has come about as a result of Pavlovian conditioning. His therapeutic exercises were designed to

replace this state of psychological inhibition with one of excitation. Rimm and Masters (1974) criticized this view, since Salter assumed a very broad trait of inhibition, and the available research indicates that lack of assertion is related to a specific situation, rather than a general trait.

The most frequently cited interpretation of what happens when an individual behaves assertively has been proposed by Wolpe (Wolpe, 1958; Wolpe & Lazarus, 1966; Wolpe, 1969). Wolpe based his model on a reciprocal inhibition model of therapy. He assumed that assertion and anxiety are to a considerable degree incompatible. Yet there exists little direct evidence that assertion correlates with anxiety reduction.

There are other accounts as to why an individual may benefit psychologically (for example, the Freudian view of catharsis). Yet, though there is disagreement regarding the theory of assertive training, there is a large body of data supporting its practical value.

The advantage of assertive training in groups. Alberti and Emmons (1975) believe that for many trainees assertive training in groups is more effective than one-to-one therapy because of the expanded potential for interaction. The non-assertive person typically encounters great anxiety when confronting others in order to assert himself. Learning within the group provides a laboratory of other people with

whom to work. The trainee also feels less alone, since the group members discover that they share similar problems. An effective group is usually supportive, so that each person can be comfortable enough to experiment with new behavior.

Another distinct advantage is that the group provides more diverse feedback than can an individual counselor. By hearing different reactions from several persons, an individual can speed up his acquisition of new behaviors.

Alberti and Emmons (1975) see a broader base for social modeling, since each individual sees several others learning to act assertively, thus he is able to learn from the particular strengths and weaknesses of the other trainees. The group also provides a powerful source of social reinforcement. Knowing that the others are expecting active effort toward more assertiveness, each member is stimulated to greater achievement than if he were acting solely on his own. Accordingly, the group provides social approval for new efforts toward the appropriate expression of feelings.

Empirical findings -- case histories. Stevenson (1959) treated 21 patients with assertive training, and 12 of the 21 patients remained much improved after a one-year follow-up. Stevenson and Wolpe (1960) treated three sexually deviant males with assertive training. Each of the patient's deviant sexual behavior was replaced by heterosexual behavior after varying amounts of therapy.

Lazarus and Serber (1968) presented two case histories in which desensitization was ineffective. One involved a husband who would either withdraw or become violent when he received criticism from his wife. In the other case, a depressed female has helped in seeking employment. Assertive training proved to be effective in both instances.

Cautela (1966) described three cases of individual treatment for clients suffering from pervasive anxiety. The cases involved a young girl fearful of people; a woman who was having problems with her parents and had problems related to sex and criticism; and a middle-aged man who was dominated by his wife and was sexually impotent. All three clients improved as a result of assertive training and other forms of treatment.

Lazarus (1971) described three clients who improved after assertive training. In the first case, a lawyer was given training not how to verbally attack, but rather to express his feelings openly and honestly. The second client was a depressed housewife who received what Lazarus called "rehearsal desensitization" in which the anxious housewife was able to practice new behavior according to a graduate hierarchy. In the third case, a female client was given help in expressing anger which reduced her depression and also in expressing positive feelings. Lazarus termed this last treatment "training in emotional freedom."

Other case studies showing improvement with assertive training have been demonstrated by MacPherson (1972), Edwards (1972), Goldstein, Serber, and Piaget (1970), Patterson (1972), Serber and Nelson (1971) and Rathus et al., (1972) with a variety of clients ranging from hospitalized schizophrenics to homosexual pedophiliacs.

Experimental results for individual treatment. Lazarus (1966), in a classic case, compared behavior rehearsal, non-directed therapy and advice-giving in effecting behavior change. A maximum of four 30 minute sessions were devoted to each treatment condition. The criterion for change was objective evidence that the patient was behaving adaptively in an area that had previously constituted a problem. The results reported by Lazarus showed that 32% improved with reflection-interpretation, 44% improved with advice-giving, while 92% or 23 out of 25 clients improved with behavior rehearsal. Since Lazarus served as the therapist in all three conditions, there is the possibility of experimenter bias. Yet, according to theoretical grounds, Lazarus predicted the superiority of behavior rehearsal and the evidence does appear overwhelming. Lazarus quotes Strum, who indicated that behavior rehearsal has advantages over traditional therapy in that it (1) generates vivid, life-like behavior and cues, thereby maximizing the utility of response and stimulus generalization; (2) conditions a total behavior response, rather than one merely verbal; and (3)

dispenses the powerful reinforcement of enacted models and other characters who in real life or fantasy have already dispensed reinforcement.

Friedman (1968) assigned nonassertive college students to one of six treatment conditions, with different combinations of directed role playing with or without a script, and observing or not observing confederates going through the script. The criterion measured was the subject's assertiveness while another individual attempted to interfere with the subject's effort at putting together a puzzle. The main finding was that subjects who first observed the interaction modeled, and then role played it themselves, showed the greatest improvement.

Lawrence (1970) used female college students in three different treatment conditions. The first group learned how to express honest disagreement via behavior rehearsal. The second group received explanation on the value of assertive behavior. The third group received the opportunity to express disagreement, while the experimenter reflected back the subjects' response. The results indicated the behavior rehearsal group showed the greatest change in ability to disagree, which persisted through a two week follow-up.

Lawrence (1970) also measured subjects' ability to agree. The treatment showed no great change on this measure. Lawrence extrapolated that if a therapist wishes to increase assertiveness in a particular area, the maximum

attention should be on practicing in this area. Rimm and Masters similarly (1974) believe that assertiveness does not manifest itself as a broad trait and elevating assertiveness in one class of situation should not be expected to increase assertiveness in situations markedly different.

McFall and Marston (1970) compared behavior rehearsal and behavior rehearsal plus performance feedback with two control procedures (no treatment and placebo therapy) in nonassertive college students. Using a role playing task as one of the pre and postdependent measures, it was found that both behavioral rehearsal treatments were superior to control procedures. Although the addition of performance feedback led to the strongest effects, behavior rehearsal with performance feedback was not significantly better than behavior rehearsal alone.

In a subsequent analogue study, McFall and Lillesand (1971) compared the effects of overt rehearsal with modeling and coaching, covert rehearsal with modeling and coaching, and assessment placebo control using unassertive college students. Again, both behavioral groups were superior to the controls, but the greatest change in self-report and behavioral laboratory measures were evidenced by subjects engaged in covert rehearsal. For this study and that by McFall and Marston (1970), telephone follow-ups were conducted. In the former, a confederate attempted to persuade the subject to subscribe to magazines, while in the latter

study, the subject was requested to stuff envelopes for three hours. The results paralleled the main findings, but the effects were quite weak. In four cases the subjects explicitly stated that they believed the call was related to the experiment and their responses were excluded from the analysis.

Young, Rimm, and Kennedy (1973) assigned female subjects to one of four groups. This first group received assertive training where the subject modeled a response after the experimenter's response. The second group received the same training and also received praise from the experimenter. The third group received placebo treatment and the fourth served as nontreated controls. Both assertive groups showed a greater increase in assertiveness when tested in situations that were identical to training.

For test situations that differed from training conditions, subjects in one assertive condition made weak generalizations, while subjects in the other assertive condition failed to make generalizations.

Gormally, Hill, Otis, and Rainey (1975) evaluated a microtraining approach for training situationally nonassertive clients in assertive expression. The procedure included individualized training situations and a test of generalization. The clients rated themselves on a scale for untightness and effectiveness. Two assertive training situations (videotaped feedback versus trainer feedback)

and a control situation were compared. Both treatment conditions produced more behavioral change than the no treatment control, and the two treatments did not significantly differ. The researchers also found that the assertion skills produced on one area did not carry over into other areas, and concluded that the skills of assertion are not difficult to master, but they apparently require sufficient practice in a variety of situations to be incorporated into a person's style of life.

Experimental results for group treatment. Recently several studies are reported that examine the effectiveness of assertive procedures applied to groups of subjects. In one such study, Lamont, Gilner, Spector, and Skinner (1969) divided V.A. Hospital inpatients into two groups, an assertive training group and an insight oriented group. Each group met 5 days a week, 1-1/2 hours per day, for 6 weeks. Assertion training consisted of mostly role playing various situations with coaching from the therapist. Patients were given scripts and took turns modeling behavior. The results showed a great decrease in "pathology" as demonstrated on the clinical scales of the MMPI for the assertive group with no significant changes for the insight oriented group.

Rathus (1972) chose female subjects from social psychology classes who indicated that they would like to be more bold, aggressive, and outgoing in social situations and less fearful of social confrontation. One group received

assertive training, another group discussed fears and related problems, and several other women received no treatment. Assertive training groups received training in nine different assertive tasks. Those women receiving assertive training reported significantly greater gains in assertive behavior than control subjects and showed a trend to exhibit more assertive behavior than did women in other groups. They also reported significantly greater general fear reduction than control subjects and tended to report greater reduction of fear of social criticism and fear of social competence than did women in other groups.

Hedquist and Weinhold (1970) compared the effectiveness of group behavior rehearsal with a social learning approach. The behavior rehearsal group received role playing with corrective feedback, coaching and modeling. The social learning group worked on problem solving. The measure of therapeutic effectiveness was the subject's own report of the frequency of verbal assertive responses occurring in vivo. The results were that both groups showed greater improvement than a control group, though after a six week follow-up the differences between the treatment groups and controls were no longer statistically significant.

Johnson, Tyler, Thomson, and Jones (1971) compared systematic desensitization and assertive training in the treatment of speech-anxious eighth graders. The group receiving assertive training was required to give short

talks which were audiotaped and immediately played back, after which the subject re-presented the talk. Both groups showed improvement on a measure of speech anxiety, and there was no significant difference between the two groups.

Sarason (1968) employed behavior rehearsal for juvenile delinquents in dealing with relevant tasks (such as applying for employment and talking with teachers and parole officers). Another group had appropriate behaviors described but not enacted, and a third group served as a no treatment control. The main results were that in terms of staff ratings and ratings of review boards, as well as attitudinal measures, the behavior rehearsal group showed the greatest improvement, followed by the group receiving a description, followed by the controls.

In a preliminary investigation, Rimm, Keyson and Hunziker (1971) presented six one-hour assertive training sessions to a small group of adult males confined to a mental hospital primarily because of antisocial aggression. A second, attention-placebo group also received six hours of treatment that consisted of reflection and advice giving upon the expression of anger. In terms of laboratory ratings of the subjects' assertiveness (as opposed to aggressiveness or timidity), the assertive group showed greater assertion, and informal observation by ward personnel and relatives tended to support the view that the assertion group showed less hostility and aggression than the controls.

Galassi, DeLo, Galissi, and Bastien (1974) found that college students scoring low on a measure of assertiveness selected adjectives on an adjective checklist that indicated a negative self-evaluation, a tendency to be oversolicitous of emotional support from others, and excessive interpersonal anxiety. Students who scored high on the other hand, were expressive, spontaneous, well defended, achievement oriented, able to influence others, concerned with heterosexual relationships, and confident.

Galassi, Galassi, and Litz (1974), in an analogue study, investigated the effectiveness of a total assertion training package with nonassertive college students. Experimental subjects received eight training sessions consisting of videotape, modeling, behavior rehearsal, video, peer and trainer feedback, bibliotherapy, homework assignments, trainer exhortation, and peer group support. Control subjects were given no treatment. All subjects were posttaped enacting role playing situations. Significant differences were found on the College Self Expression Scale, the Subjective Unit of Disturbance Scale, and on several behavioral dependent variables favoring the assertive training group.

McFall and Twentyman (1973) conducted four experiments on the relative contribution of rehearsal, modeling, and coaching to assertion training.

Experiment 1 examined the effects of six treatment conditions: (1) rehearsal, modeling, coaching; (2) rehearsal

and modeling; (3) rehearsal and coaching; (4) rehearsal only; (5) modeling and coaching; (6) control. Subjects received two 45-minute sessions. The results showed that rehearsal and coaching on assertive behavior both were effective and these effects were independent and additive. Audio modeling added very little to successful treatment.

In Experiment 2 three treatments were investigated: (1) covert rehearsal, modeling, coaching; (2) covert rehearsal, coaching; (3) covert rehearsal only. Again, modeling added little to the increase in assertiveness gained by rehearsal and coaching.

Experiment 3 compared new audio models who were less extreme in their responses than the old audio models. Also overt and covert rehearsal were compared under several conditions. The results still supported the finding that audio-modeling did not add to successful treatment effects. Also no differences were found between covert and overt rehearsal.

Experiment 4 compared audio and audio-visual modeling. The results demonstrated that the addition of a visual component failed to enhance treatment effects in any detectable way. In conclusion, experiments 1 and 2 revealed that rehearsal and coaching accounted for virtually all the treatment variance in these particular experiments. Yet the research failed to explain why observational modeling added little to the other two components.

Eisler, Hersen, and Miller (1973) also studied the effects of modeling on components of assertive behavior. Unassertive psychiatric patients were assigned to one of three conditions: (1) modeling; (2) practice-control; and (3) test-retest. All subjects were videotaped responding to five interpersonal situations requiring assertive responses. The modeling group also received practice in five interpersonal situations. The practice control subjects were given practice sessions but no modeling, and the test-retest group was the no-treatment control. Pre and post-test responses for all subjects were rated on eight behaviorally defined components of assertiveness. The results indicated that the modeling group improved significantly on five of the eight components of assertiveness, and no differences were found between the practice-control and test-retest groups.

Kazdin (1975) used covert modeling, which is a therapy technique in which individuals imagine a model engaged in the behavior they wish to develop in studying assertiveness. Previously Kazdin had suggested that covert modeling may be as effective a technique as live modeling. In a 2 x 2 design, the numbers of models imagined (imagining several models versus imagining a single model perform assertively) and model reinforcement (imagining favorable consequences following model behavior versus imagining no consequences) were combined. A nonassertive

control group was also included. The results indicated that imagining multiple models or model reinforcement enhanced behavior change across self-report inventories and a behavioral role playing test. Kazdin used 35 treatment scenes and effects were transferred to novel role playing situations and maintained after a four month follow-up.

Assertive training involving children. Chittenden (1942) distinguishes between three kinds of behavior in children, domination, cooperation and nonassertion. She set up a training program for preschool children designed to enhance assertion and decrease domination. A play technique was used which utilized dolls playing the roles of preschool children encountering a problem. The child and adult worked out solutions in the play period. Results showed that trained children were less dominant than controls after treatment. The data did not indicate a statistically significant increase in cooperative behavior.

Gittleman (1965) used behavior rehearsal as a technique in child treatment. The treatment involved first finding out the situations which have caused the child to be aggressive in the past. The child then acted out situations with other group members. This approach was scored by other members with a system that gives more value to assertive rather than aggressive behavior. Gittleman described one group of seven boys ages 12-14 which met once

a week for two hours. One specific aggressive behavior was successfully modified in 12 group sessions.

Modeling. The advent of modeling procedures in counseling is a relatively recent development. Social modeling procedures involve either real or symbolic models who demonstrate the desired behavior that a counselee wishes to acquire. Bandura (1969, p. 118) believes that "virtually all learning phenomena resulting from direct experiences can occur on a vicarious basis through observation of other person's behavior and its consequences for them."

Basically there are four functions that modeling procedures serve (Rimm & Masters, 1974, p. 126). A client may learn new appropriate behavior patterns, and modeling may thus serve as an acquisition function. Rimm and Masters (1974, p. 126) state, "More likely the observation of a model's behavior in various situations may provide social facilitation of appropriate behaviors by inducing the client to perform these behaviors, of which he was previously capable, at more appropriate times, in more appropriate ways, or toward more appropriate people." Modeling can also lead to disinhibition of behaviors that the client has avoided because of fear or anxiety. Modeling may also promote vicarious and direct extinction of fear.

Social model learning involves the matching of the behavior of a social model by an observer. Its importance in learning has been recognized by sociologists and

anthropologists. Whiting (1941) provided a social model learning description to explain how young people learn by observing the behavior of socially powerful and aggressive models. The field studies conducted by anthropologists Bateson (1936) and Nash (1958) also recognized the impact of modeling on the behavior of observers. Williams (1952) describes the enculturation process as primarily learning through the observation of others.

Modeling with children. Bandura and McDonald (1963) combined the principles of modeling and operant conditioning to determine whether modeling alone or the combined use of models and reinforcement would be more effective in altering children's moral judgment. In the study, it was found that modeling alone was as effective as the combination of models and reinforcement. The use of modeling alone proved to be more effective than reinforcement procedures alone. Yet, according to Bandura (1965), reinforcement is still important in imitative learning but it is viewed as influencing the performance of imitatively learned response rather than their acquisition.

Bandura, Ross, and Ross (1963) showed that children who observed an aggressive model whose behavior was rewarded displayed more imitative behavior than did children who saw the model punished.

Bandura and Huston (1961) exposed nursery age children to a model rewarded or model nonrewarded condition. The

experimenter with his assistant played a game with the child. The object was to guess which box contained picture stickers. The child observed the model engage in many irrelevant and bizarre behaviors that were unrelated to the game. In the model rewarded condition, the model chose the correct box, while in the model nonrewarded condition, the model chose the empty box. The study demonstrated that those children who observed the model receive a reward showed significantly more imitative behavior than those children who observed the nonrewarded condition.

Participant modeling refers to the general technique of modeled demonstration plus client participation. Rimm and Masters (1974) have discussed the factors that seem responsible for the effectiveness of this procedure. A primary factor is vicarious extinction, since observing a model perform a feared behavior in the absence of dire consequences constitutes a learning situation. In this situation, the cues that tend to induce behavior are present, but the avoidance behavior does not occur.

Also during the demonstration phase the client is able to learn new skills. This is likely to reduce anxiety due to the client not knowing how to behave, and can improve the likelihood that the client will successfully participate in a feared activity. This can provide needed practice and reinforcement for newly acquired behaviors. The acquisition of information is related to the direct extinction of

fear, which tends to occur when dire consequences fail to materialize during the participant phase.

Rimm and Masters (1974, p. 147) view the continued presence of the counselor in participant modeling as an important factor for at least three reasons. First, the counselor provides emotional support and/or physical contact. Second, the continued presence of the counselor also allows social reinforcement to be given following each successful participatory act. Finally, the presence of the counselor is likely to prevent or at least minimize any problems that may develop during the participatory phase.

Most of the recent work with participant modeling has been concerned with the elimination of phobias or fearful behavior by exposure to models. This approach has been used for decreasing inhibitions toward feared animals such as snakes (Blanchard, 1969, 1970; Ritter, 1968, Bandura, Blanchard & Ritter, 1969) or phobias such as acrophobia, fear of heights (Ritter, 1969) or hydrophobia, fear of water (Hunziker, 1972).

Summary and implications. It is only in rare instances that totally new behavior patterns are acquired by modeling. In most cases clients are capable of needed behavior patterns but their performance is inhibited by fear of anxiety. Or in some instances their behavior is so poorly practiced that their infrequent occurrence is ineffective, meets punishing consequences or has led to total nonperformance.

Shy youngsters are usually quite capable of nonshy behaviors. Yet the inner private world of the shy youngster is filled with fear or anxiety. These feelings prevent the child from attempting new behavior patterns, and thus acquiring practice, appropriate social skills and self-confidence.

It is believed by the investigator that the use of participant modeling can be a potent factor in ameliorating shy behaviors or nonbehaviors in young children. The primary purpose was to structure exercises such that all counselees would meet with continued success. Clients would thus receive social reinforcement or encouragement in all phases of the program.

CHAPTER III

METHODS AND PROCEDURES

This chapter discusses the experimental hypotheses that were investigated and the research design that was implemented. The population, the sampling procedures and the training of the experimental leaders are described. The procedures and the contingencies are specifically outlined. The development, reliability, and validity of criterion instruments are discussed. This chapter concludes with an explanation of how the data were analyzed.

Hypotheses

This investigation tested the effects of an experimental group counseling program called Affirmation Training that had been especially designed to ameliorate both the emotional distress associated with shyness and shyness itself. Affirmation Training had been especially designed for shy upper grade elementary school children. The experimental program consists of specific exercises, role playing situations, games and discussions that had been formulated to help shy children become less shy. A complete description of the program appears in Appendix A.

This study tested the effects of the program from four different perspectives — the child's, the teacher's, the counselor's, and an expert rater's. To obtain the child's perspective, a shyness self-report scale, a shyness line, a shyness problem line, and a self-esteem inventory were administered. The teacher rated the children according to a behavior report and a shyness change rating, and the counselor rated the children according to a shyness change rating based on observable behavior change within the counseling setting. Expert judges rated the children's behavior on overall assertiveness as measured by a simulated assertiveness situation test.

The hypotheses are stated in null form rather than research form due to the lack of empirical research in this area. The following null hypotheses were tested at the .05 level of significance.

H_{01} . There will be no significant difference between subjects participating in Affirmation Training and control subjects in reported shyness as measured by the Shyness Self-Report.

H_{02} . There will be no significant difference between subjects participating in Affirmation Training and control subjects in perception of self as shy as measured by the Shyness Line.

H_{03} . There will be no significant difference between subjects participating in Affirmation Training and control

subjects in perceptions of shyness as a problem as measured by the Shyness Problem Line.

Ho₄. There will be no significant difference between subjects participating in Affirmation Training and control subjects in self-esteem as measured by the Coopersmith Self-Esteem Inventory.

Ho₅. There will be no significant difference between subjects participating in Affirmation Training and control subjects in shyness as measured by the teacher on the Shyness Change Rating Form.

Ho₆. There will be no significant difference between subjects participating in Affirmation Training and control subjects in shyness as measured by the Shyness Teacher Report.

Ho₇. There will be no significant difference between subjects participating in Affirmation Training and control subjects in shyness as measured by the Simulated Assertiveness Situation Test.

Three additional hypotheses were explored. An attempt was made to determine if the extent of the training of the group leaders made an appreciable difference on the experimental subjects. Two of the group leaders participated in the pilot study that was used to refine the experimental treatment. Therefore, it was deemed important to determine if this participation in the pilot study made an appreciable difference.

Ho₈. There will be no significant difference between subjects whose group leader participated in the pilot study and subjects whose group leader had two hours of consultation as measured on the dependent measures.

It was found in the shyness survey of fifth grade children that there were sex differences among the children in their self-perception of themselves as shy, their preference to be less shy and their perceptions of shyness as a problem. Consequently, the treatment effects were examined to explore the possibility that the sex of the child made an appreciable difference.

Ho₉. There will be no significant difference between male and female subjects as measured on the dependent measures.

Both the main effects and the interaction effects were investigated in Hypotheses 8 and 9. This was done to determine if the effect of the leader's training and the sex of the child made a statistically significant difference. These effects were examined as subhypotheses. The numbers of the subhypotheses corresponded with the original hypothesis. For example, if there was a main effect difference for sex on the Shyness Line, this was labeled subhypothesis 9-2.

Ho₁₀. There will be a positive correlation among all the pretest dependent measures. Investigators of the construct of shyness have theorized that shyness is associated with low self-esteem. It is also theorized that the shy

the individual the greater will be the problems associated with shyness. In the researcher's pilot study, there was a correlation of .52 and .44 between the Shyness Self-Report and class shyness rankings made by two teachers. Therefore, this hypothesis was investigated in order to determine the degree of relationship among the pretest dependent variables.

The Research Design

The research design utilized was the Pretest-Posttest Control Group Design. However, two measures were investigated using the Posttest-Only Control Group Design. In the former design the control group subjects and experimental group subjects were assigned through the process of randomization to achieve experimental equivalence. Both the control group and the experimental group were given a pretest and posttest on the dependent measures. The experimental group received the experimental treatment while the control group did not.

This design takes the form of

$$R \ O_1 \ X \ O_2$$

$$R \ O_3 \ X \ O_4$$

where R refers to randomization, O refers to observation and X refers to treatment.

This design controls for all sources of possible internal invalidity listed by Campbell and Stanley (1963), i.e.,

history, maturation, testing, instrumentation, regression, selection, mortality, and interaction of the above. This design controls for the rival hypotheses that one of the above factors could have resulted in significant differences between the experimental and control group posttest scores, rather than the experimental treatment.

The Pretest-Posttest Control Group Design controls for the main effects (history, testing, maturation, etc.), giving it internal validity. It does not specifically control for interaction effects involving X and some other variables, which are labeled threats to external validity. External validity involves generalizations to other persons and situations, and concerns the relevance of the findings regarding the effects of X beyond the confines of the experiment. Campbell and Stanley (1963, p. 17) state, "Whereas the problems of internal validity are solvable within the limits of the logic of probability statistics, the problems of external validity, are not logically solvable in any neat, conclusive way." Therefore, the four threats to external validity need to be examined separately and tentatively.

Interaction effects of selection biases and X seemed unlikely since an attempt was made to administer treatment to a representative sample of schools and classes. Yet one factor needs to be considered. This study was conducted in school systems that employ either fulltime or halftime elementary counselors, which was not necessarily representative of all school systems in general. The second external

validity threat, reactive arrangements, seemed unlikely since the subjects were participating in a group counseling approach with their school counselor, and the counselors had been conducting different types of groups throughout the school year. The students were offered the possibility of participating in a group and were not informed that they were part of an experiment. The third source of external invalidity is multiple treatment interferences which does not intrude upon this study.

The last threat, interaction of the pretest and treatment, was a possible source of invalidity. Pretesting can sensitize the groups to the construct of shyness, which might tend to increase the effect of the treatment. A particular part of the treatment program concerned the shy feelings that children had, and therefore the effects on the treatment group of the pretest should have been only slightly different than the treatment itself. Yet the pretesting of the control group could have sensitized this group to the construct of shyness. In addition, the teachers could have been sensitized to the construct of shyness by the pretest.

Population

The experimental and control group samples were drawn from a population of approximately 500 students in the fifth grade registered at seven elementary schools in north central Florida. Students in the fifth grade who had been

identified and placed in exceptional child programs for the educable mentally retarded, emotionally disturbed or socially maladjusted were excluded. Students were drawn from a minimum of two fifth grade classes and a maximum of four fifth grade classes in each school. All schools were socially integrated with an overall ratio of approximately 65 percent white students to 35 percent black students. This is the approximate rate of white to black individuals in the local population. In all the schools a halftime or fulltime counselor was employed.

Sample

The students were administered a one item questionnaire by the school counselor. The question was read out loud by the school counselor and was: "Do you consider yourself a shy person?" The students that answered this question yes were eligible for participation in the study. The shyness survey of fifth grade children had shown that 38 percent of all children label themselves shy.

During this same week 20 fifth grade teachers were asked to rank the children in their class from the most shy to the least shy. They ranked the children according to specific criteria that appeared characteristic of a shy child. These specific criteria were for identification purpose for this particular study. These criteria were compiled from the research of Cattell, Eber, and Tatsouka (1970),

Comfrey (1970) and Zimbardo, Pilkonis, & Norwood (1975). They were submitted to five elementary school counselors for behavior that would be characteristic of a shy child in a classroom situation and were compiled by the researcher. (See Appendix B.)

The Selection Procedure

The school counselor in each of the seven schools selected the 50 percent of the class that were ranked to be most shy by the teacher. In order for the child to have been eligible for selection into the study, the student had to feel that he was a shy person, and the teacher had to place this student within the 50 percent of the class that was most shy.

The counselor made a list of all the students that perceived themselves as shy. If these students were also ranked by the teacher to be within the 50 percent of the most shy students, they they were eligible for selection into the control or experimental group. From this pool of eligible students the counselor divided the students into two groups by sex.

The counselor wrote down the names of all the eligible boys on a separate sheet of paper and the eligible girls on a separate sheet of paper. The counselor numbered the boys from 1 to n and the girls from 1 to n. The counselor, using a table of random numbers, alternately assigned both the boys

and girls into the control and experimental groups, with a minimum of five and a maximum of eight students assigned to the experimental group.

A minimum of five and a maximum of eight students were chosen to participate in this experimental group counseling approach due to the research that shows this is the optimal number for children's counseling groups. Mahler (1969) indicates that in research and practice eight members is the most frequent size group. Based on the researcher's experience conducting groups with shy children, it was believed that the needs of eight shy children can be comfortably accommodated within the experimental counseling group. A minimum of five students with at least two students of the same sex was required to conduct the experimental group. In addition, there needed to be at least ten eligible fifth grade students from a particular school in order for these children to have participated in the study.

The groups, though not composed of volunteers, were in practice voluntary. Any student who did not wish to participate in the experimental group was replaced by an alternate if there was one available; otherwise the group was composed of one less member. During the first meeting, the counselor indicated that the group was voluntary, and if any one did not wish to participate, he or she could tell the school counselor after the group. None of the students elected this alternative. An alternate was only eligible

to join the group during the first week the group met. Two students did participate as alternates due to absence made by two group members during the first session.

Group Leaders

There were seven elementary school counselors who were currently employed on a halftime or fulltime basis in the school systems in north central Florida who participated as experimental treatment group leaders. All leaders had conducted a minimum of one counseling group with elementary school children and had taken a graduate level course in group counseling with children and received a minimum of ten hours of individual supervision in counseling children. Any counselor who had not taken a course in group counseling with children, but had been an elementary school counselor for at least one year was eligible for participation in this study.

The group leaders had either participated in the pilot study and had previously led a seven week experimental treatment program for shy children or had received two hours of individual explanation by the researcher. Since the training of the group leaders was not judged to be equivalent in terms of this program, the effects of the treatment program were evaluated according to the particular training of the counselor. The counselors were separated into two groups, those who had participated in the pilot study and those who

had not. The effects of the treatment were evaluated to determine if the training of the counselors made a significant difference.

The leaders were given a checklist of all the exercises, role playing situations, games and discussions that are part of the experimental program. The group leaders checked each specific activity after it was completed. It was necessary that the group leaders completed a minimum of 60 percent of the prescribed activities in order for the program to be judged completed for purposes of inclusion into the study. All leaders did complete a minimum of 95 percent of the activities.

The leaders also had a checklist of all the children in the experimental treatment group. The leader marked any student absent who was not able to participate in the group session for any reason. If a child missed three or more sessions, he or she was considered not to have completed the treatment and was excluded for purposes of statistical analyses. Two students were excluded due to absences.

The researcher conferred with each group leader on a weekly basis for a minimum of 10 minutes per week. Also, each group leader had access to the researcher any time they felt it was necessary. The researcher consulted with the leaders about phases of the program and about the experimental procedures that were followed. The leaders were encouraged to consult with the researcher to help insure that

the treatment and procedures were followed uniformly. The researcher was required to consult with the leaders a minimum of five times in order for the group to have been included in the statistical analyses.

The program is a seven week treatment program where the counselors meet with the group for a period of 30-45 minutes twice a week. Sometimes, for reasons that were beyond the control of the leader, a majority of the group, or the entire group, were unable to attend a particular session, then that session was suspended for that day and the same session was resumed the next time the group met.

The Administration of the Criteria Measure

The counselor distributed the self-report measures in this order. First, the Shyness Self-Report, then the Shyness Line and Shyness Problem Line, and then the Coopersmith Self-Esteem Inventory. The counselor read out loud each question and made sure the students answered according to the directions. The counselor looked over the self-report measures to make sure the children answered the questions properly. The students were required to answer every question. If a student skipped a question and the counselor failed to notice this, the student completed the self-report measure before the beginning of the group. It was the researcher's responsibility to score all the dependent measures, while it was the responsibility of the counselor to make sure the measures were properly administered and answered.

During the final administration of the dependent measures when any child was absent, the counselor called the student to the counseling office the following day and individually administered the instrument. The counselor had to administer the dependent measures within the next 15 school days for the student to have been included in the study for purposes of statistical analyses. There were six students who had to be individually tested.

Instrumentation

The Shyness Self-Report

The Shyness Self-Report is an 18-item questionnaire developed by the researcher focusing on a child's feelings, thoughts and behaviors related to shyness. (See Appendix B.) The Shyness Self-Report was partially constructed from checklists of overt behaviors, cognitions and feelings developed by Zimbardo, Pilkonis, and Norwood (1975). The overt behaviors included silence, lack of eye contact, avoidance of others, avoidance of taking action, and low speaking voice. Feelings and cognitions included self-consciousness, concern for impressive management, negative self-evaluation, concern for social evaluation, thoughts about shyness in general, and thoughts about the unpleasantness of the situation.

The particular questions were also derived from the findings of Comfrey (1968, 1969) who factor-analyzed total scores over collections of relatively homogeneous items and

found shyness to be a trait characterized by different combinations of the following: seclusiveness, lack of social poise, avoidance of social contact, avoidance of social activities, loss of words, self-consciousness, submissiveness, reserve, stage fright, inferiority, and fear of public speaking.

Cattell, Eber, and Tatsouka (1970) described an individual with a source trait of factor H-, who was classified as a threctic type. This individual is shy, timid, restrained, and threat sensitive. This individual is seen to be withdrawn, retiring in the face of the opposite sex, emotionally cautious, restrained, and careful.

Validity. The questions for the Shyness Self-Report were taken from the psychological constructs of Zimbardo, Pilkonis, and Norwood (1975), Comfrey (1968, 1969) and Cattell, Eber, and Tatsouka (1970). Construct validity is the extent to which a test may be said to measure a theoretical construct or trait. The questions were derived from inferences made from the theories regarding shyness and to their applicability to shy children.

The Shyness Self-Report was initially constructed from psychological theory and presented to two individuals with Ph.D.'s in counseling who have had at least one year of experience counseling children. The instrument was also given to five elementary school counselors for suggestions regarding additions and deletions in regard to the universe of

situations that would be applicable to a shy child in a school situation. From this data the final Shyness Self-Report was constructed by the researcher.

The Shyness Self-Report is constructed such that the children circle one response that is most characteristic of how they think, feel or behave. The children circle a response on a five point scale which includes the responses Never, Almost Never, Sometimes, Often and Always. The test was constructed such that on some items the response "always" was characteristic of a shy child, while on the remaining items the response "never" was characteristic of a shy child.

The Shyness Self-Report was given to eight judges who were doctoral candidates in the Department of Counselor Education, School Psychology or Clinical Psychology. These judges were asked to choose those items that were characteristic of a shy child. The judges were told to circle either "always" or "never" depending on the particular item. For purposes of scoring the judges were told to answer the question from the vantage point of a shy child. It was found that there was 100 percent majority agreement on all items among the evaluators as to the item responses that were characteristic of a shy child. On three questions either one or two judges chose the "sometimes" response which indicated no directionality. Yet on no occasion did

a judge choose a response that was opposed to the theoretical direction chosen by the researcher.

The Shyness Self-Report was given to 52 fifth grade students at one elementary school in Alachua County, Florida. Low scores were judged to be characteristic of a shy child, while high scores were judged to be characteristic of a not shy child. The two fifth grade teachers were asked to rank the children in their class from the most shy to the least shy according to ten specified criteria. (See Appendix B.) The students were therefore given a rank order based on their Shyness Self-Report scores and the teacher rankings. It was found using a rank difference correlation that there was a correlation of .52 based on one teacher's rankings and a correlation of .44 based on the other teacher's rankings.

Reliability. The Shyness Self-Report was given to 52 fifth grade students at an elementary school in Alachua County, Florida. The same instrument was readministered one week later to the same group of students. The test-retest reliability coefficient was found to be .86.

Normative data. The Shyness Self-Report was given to 52 fifth grade students at one elementary school in Alachua County, Florida. The test was constructed such that a low score was indicative of a shy child. The score was determined by assigning a number to each item response. For example, in scoring the item, "Do you speak in class discussions?" one point was given for an answer of "never," four points for an

answer of "almost always." On other items reverse scoring was used. When the question, "Are you quiet with other children when you would rather be speaking?" was scored, an answer of "never" would be given five points, and the other answers corresponding values. The lowest possible score would be 18 while the highest possible score would be 90.

For the 52 fifth grade students the mean score was 63.2 with a standard deviation of 6.9 and a range of 46 to 78.

For those students who answered "yes" to the question, "Do you think of yourself as a shy person?" the mean score was 60.3 with a standard deviation of 6.7 and a range of 46 to 70.

For those students who answered "no" to the above question, the mean score was 67.3 with a standard deviation of 6.6 and a range of 53 to 78.

The means of the group that perceived themselves as shy was significantly higher than the means of the group that perceived themselves as not shy at the .01 level of significance. The data were analyzed by the use of the *t*-test.

The Teacher Shyness Report

The Teacher Shyness Report is also an 18-item questionnaire developed by the researcher focusing on a child's behavior related to shyness. (See Appendix B.) It is based on the same theoretical constructs as the Shyness Self-Report

and was developed in the same fashion. The majority of the items in the two reports are equivalent and are based on the teacher's perspective. In the Teacher Shyness Report, the teacher bases his or her responses on the observable behavior of the child.

Validity. The Teacher Shyness Report was given to eight judges who were doctoral candidates in the Department of Counselor Education, School Psychology, or Clinical Psychology. The judges were asked to circle the response that would be characteristic of a shy child. It was found that there was 100 percent agreement among the judges as to the item responses that were characteristic of a shy child. On two questions either one or two judges chose the "sometimes" response which indicates no directionality. Yet on no occasion did a judge choose a response that was opposed to the theoretical direction chosen by the researcher.

Reliability. The Teacher Shyness Report was given to 4 fifth grade teachers at an elementary school in Alachua County, Florida. The four teachers each evaluated four of the shyest children in their class. The same teachers re-evaluated the same children one week later and the test-retest reliability was found to be .88.

The Shyness Line

The Shyness Line is a nine point scale where the child is asked to mark where he feels he belongs according to the

question: (See Appendix B) "Are you a shy person?" A low score is indicative of a shy child and a high score is indicative of a not shy child.

Reliability and normative data. The Shyness Line was administered to 43 fifth grade children in an elementary school in Alachua County. This instrument was readministered one week later, and the test-retest reliability was found to be .85.

For the 43 fifth grade students the mean score was 5.49 with a standard deviation of 2.25 and a range of 1 to 9.

For the 18 boys the mean score was 6.28 with a standard deviation of 2.60 and a range of 1 to 9. For the 25 girls the mean score was 4.92 with a standard deviation of 1.81 and a range of 1 to 8.

The Shyness Problem Line

The Shyness Problem Line is a nine point scale where the child is asked to mark where he feels he belongs according to the question: (See Appendix B) "Is shyness a problem for you?" A low score is indicative of a large problem and a high score is indicative of little or no problem in this area.

Reliability and normative data. The Shyness Problem Line was administered to 43 fifth grade children in an elementary school in Alachua County. This instrument was

readministered one week later, and the test-retest reliability was found to be .86.

For the 43 fifth grade students the mean score was 6.49 with a standard deviation of 2.58 and a range of 1 to 9.

For the 18 boys the mean score was 6.54 with a standard deviation of 2.35 and a range of 1 to 9. For the girls the mean score was 6.38 with a standard deviation of 2.87 and a range of 2 to 8.

The Shyness Change Rating Scales

The Shyness Change Rating Scales are nine point scales where the teacher or counselor is asked to mark the change in the child's shyness ranging from extreme positive change to extreme negative change. (See Appendix B.) The highest amount of change was recorded with a score of +4 which indicated extreme positive change, while a score of -4 indicated extreme negative change.

Reliability and normative data. It was found that the counselors and teachers had exact agreement on the change evidenced by the children in 34 percent of the subjects; there was a discrepancy of one change point in 50 percent of the subjects and a discrepancy of 2 change points in 16 percent of the subjects. In no instance was there a disagreement between the teachers and the counselors that was greater than two change points. The mean amount of change rated by the counselors was 1.8 and the mean amount of change rated by the teachers was 1.7.

The Simulated Assertiveness Situation Test

The Simulated Assertiveness Situation Test is a behavioral role playing test in which children were asked to respond to five role playing situations. The children were evaluated for overall assertiveness in each role playing situation. The subjects were rated from 1 to 5 on overall assertiveness. Therefore, the highest score a child could make was 25 and the lowest score was 5. A high score was indicative of an assertive child, and a low score indicative of a nonassertive child. The combined score of the two independent judges was used in the analysis of the data.

One of the judges was a doctoral student in counselor education who had led numerous assertiveness training groups. The other judge was a doctoral student in school psychology who had worked as a school psychologist for five years with extensive experience evaluating children. The interjudge agreement was .76.

The child was first met by the school counselor and informed that he was going to have a chance to be on videotape. The child was told by the counselor that he would be asked to do many things and these things should be fun. The student was requested to act in a nonshy manner.

Situation 1. The child was asked by the school counselor to walk into the videotape room, introduce himself to the researcher, and say one thing about himself. The researcher responded after the introduction, "Uh, huh" and

waited for another response. Then the researcher said, "Hello _____, I'm Mr. Lazarus, Glad to meet you." If the child did not first respond, the researcher then responded and waited for the child to respond.

Situation 2. The researcher asked the child to think of his favorite animal, and after he indicated he had thought of one, the researcher responded, "Can you please tell me the name of your favorite animal?" After the child responded the researcher asked, "And what makes this animal special for you?"

Situation 3. The student was asked to stand up and pretend that he was waiting in line for a drink of water. Again, the student was reminded to act in a nonshy manner. The student was asked to pretend that the researcher was a nasty friend. The researcher bumped the student with his elbow and cut in front of him. The researcher then waited for a response. He then responded, "I'm thirsty; I want a drink of water."

Situation 4. The researcher asked the child what was his favorite television program. Then a television was set up and the child was asked to pretend that he was watching his favorite show. The child was asked to imagine that the researcher was a nasty friend. The researcher then moved and changed the channel. The researcher stated after the student made a response, "I want to watch this." If the student had changed the channel, the researcher changed the

channel again. After the next response the researcher responded, "I don't like your show" and again changed the channel.

Situation 5. The child was asked to pretend that he was just taught a math lesson that he didn't understand. He was requested to ask the researcher (who played the part of a teacher) for help. He was told to try very hard to get help. The researcher made one response after each request. These responses were in this order: "I'm very busy," "I have a lot of work to do;" "Weren't you listening?"; and "O.K. I'll help."

The children were rated in all situations for overall assertiveness which included loudness of voice, appropriate eye contact, latency of response, and lack of nervous mannerisms. In addition, in situation 1 the child was judged to be more assertive if he initiated the introduction, stated something about himself without being asked, and shook the researcher's hand. In situation 2 the child was rated for the length of his reply. In situation 3 the child was judged to be more assertive if he told the researcher not to cut in line and get behind him. If the child stated his feelings or moved in front of the researcher, he received a higher score. In situation 4 the student was judged to be more assertive if he could verbalize about his favorite program, persist in changing the channel, and state his feelings. In the last situation the student's behavior was judged to be

less shy if he stated his feelings and persisted through the researcher's rebuffs.

The Coopersmith Self-Esteem Inventory

Self-esteem as defined by Coopersmith (1967, p. 4-5) is: "the evaluation which the individual makes and customarily maintains with regard to himself: it expresses an attitude of approval or disapproval, and indicates the extent to which the individual believes himself to be capable, significant, successful, and worthy. In short self-esteem is personal judgment of worthiness that is expressed in the attitudes an individual holds toward himself. It is a subjective experience which the individual conveys to others by verbal reports and other overt expressive behavior."

Zimbardo, Pilkonis, and Norwood (1975) report that the feelings of a shy person include negative self-evaluation. Both Comfrey (1968, 1969) and Hurlock (1972) see a shy individual as one who can have a sense of inferiority or who can develop inferiority feelings.

The purpose of the experimental treatment program is to ameliorate both the emotional distress associated with shyness and shyness itself. The program focuses not only on building new social skills but also on self-acceptance. Therefore, the program is designed to improve the self-concept of a child and this self-concept change was evaluated by using the Coopersmith Self-Esteem Inventory as a dependent measure.

Validity. Most of the items in the Coopersmith Self-Esteem Inventory were based on items selected from Rogers and Dymond's (1954) scale and several original items were also included. All the statements were reworded for use with children 8 to 10. Five psychologists then sorted the items into two groups, those indicative of high self-esteem and those indicative of low self-esteem. Items that seemed repetitious or ambiguous, or about which there was disagreement, were eliminated. The set of items was then tested for comprehensibility with 30 children. The final inventory consisted of 50 items concerned with the subject's self-attitudes in four areas: peers, parents, school, and personal interests.

Reliability. In the initial sample one fifth grade class was readministered the Inventory after a five week interval; test-retest reliability was .88. From the population of 1,748 children, a sample of 56 children was drawn. After a three year interval these children were readministered the Inventory, and the test-retest reliability was .70.

Normative data. The final form of the Inventory was initially administered to two fifth and sixth grade classes. The scores ranged from 40 to 100 with a mean of 82.3 and a standard deviation of 16.7. The difference between the mean score for boys and girls was not significant.

The Inventory was subsequently administered to a total of 1,748 children attending the public schools of central Connecticut. These children were more diverse in ability, interest and social background than the initial sample. The mean for the males was 70.1, with a standard deviation of 11.8 which was not statistically different from that of the girls, who had a mean of 72.3 with a standard deviation of 12.8. The distribution of scores was skewed in the direction of high self-esteem.

Limitations of Instrumentation

All the dependent measures except the Coopersmith Self-Esteem Inventory are limited to purposes of the study and other studies of a similar nature to assess the effects of a program for counseling shy children. These dependent measures are not intended for purpose of clinical psychological diagnoses and should not be used for this purpose. Though shyness is a serious problem for children, clinical instruments measuring this psychological construct have not been previously developed for children. Therefore, these instruments have been developed specifically for this study. If any researcher wishes to use these instruments for different purposes, additional data will need to be gathered.

The Analysis of the Data

On the Shyness Self-Report, the Shyness Line, the Shyness Problem Line, the Coopersmith Self-Esteem Inventory, and the

Teacher Shyness Report, both pre and posttest scores were analyzed. The Teacher Shyness Change Rating and the Simulated Assertiveness Situation Test scores were analyzed on the basis of a posttest only.

A two-way analysis of variance was performed on all the criterion variables. The gain scores were used on the five pretest-posttest measures, while on the other two measures, the posttest scores were used. The data were analyzed to test for differences between the main effects of group, sex, and the leader's training and interaction effects.

In addition, the data from both the control group and the treatment group were analyzed to determine if significant gains were made from pretesting to posttesting. The *t*-test was used to determine if these gains were significant.

Additionally, all the pretest measures were correlated by using the Pearson product-moment correlation. The .05 level of significance was selected as the confidence level necessary for rejecting the null hypotheses.

TABLE 5
DISTRIBUTION OF SUBJECTS

Included in the Final Analysis		Not Included in the Final Analysis	
Experimental	51		
Girls	29		
Experienced Leaders	9		
Inexperienced Leaders	20		
Boys	22		
Experienced Leaders	7	1 *	
Inexperienced Leaders	15	1 *	
Control	47		
Girls	32		
Experienced Leaders	11		
Inexperienced Leaders	21	1 *	
Boys	15		
Experienced Leaders	3	2 *	
Inexperienced Leaders	12		

* Dropped from final analysis

CHAPTER IV

ANALYSIS OF RESULTS

Chapter IV reports a systematic analysis of the data obtained in this study. Data were obtained on the effects of three independent variables on seven dependent variables. The independent variables were (1) treatment group, (2) sex, and (3) type of leader's training. The dependent variables were (1) Shyness Self-Report, (2) Coopersmith Self-Esteem Inventory, (3) Shyness Line, (4) Shyness Problem Line, (5) Simulated Assertiveness Situation Test, (6) Shyness Teacher Report, and (7) Teacher Shyness Change Rating.

Statistical Analysis Overview

The analysis of variance on the mean gain scores were performed on the five dependent variables in which there were both pre and posttest scores. These dependent variables were the Shyness Self-Report, the Coopersmith Self-Esteem Inventory, the Shyness Line, the Shyness Problem Line, and the Shyness Teacher Report. An analysis of variance was performed on posttest scores on the Simulated Assertiveness Test and the Teacher Shyness Change Rating. The main effects of group, sex, and leader's training and the corresponding interaction effects were investigated.

In order to determine if there was a significant change in scores from the pretest to the posttest, a *t*-test on gain scores was computed on five dependent variables for which pretest data were available.

Finally, the last hypothesis was investigated by correlating the scores on the pretest measures. The .05 level of confidence was selected to indicate the significant difference necessary to reject all the null hypotheses.

Results of Hypotheses

This section contains the result of the hypotheses and the associated tables.

Hypothesis 1. There will be no significant difference between subjects participating in Affirmation Training and control subjects in reported shyness as measured by the Shyness Self-Report.

The results of the analysis of variance on the mean gain scores are reported in Table 6. An examination of the *F* values shows that neither the main effects nor the interaction effects were significant at the .05 level of confidence. The null hypothesis was therefore supported.

Hypothesis 2. There will be no significant difference in subjects

TABLE 6

ANALYSIS OF VARIANCE ON MEAN GAIN SCORES
FOR THE SHYNESS SELF-REPORT

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance Of F
MAIN EFFECTS					
Group	62.739	3	20.913	0.321	0.810
Sex	3.786	1	3.786	0.058	0.810
Leader's Training	24.334	1	24.445	0.375	0.542
	59.742	1	59.742	0.916	0.341
2-WAY INTERACTIONS					
Group Sex	18.937	3	6.312	0.097	0.962
Group Training	1.201	1	1.201	0.018	0.892
Sex Training	1.137	1	1.137	0.017	0.895
	14.225	1	14.225	0.218	0.642
3-WAY INTERACTIONS					
Group Sex Training	46.039	1	46.039	0.706	0.403
	46.039	1	46.039	0.706	0.403
EXPLAINED	140.344	7	20.049	0.307	0.949
RESIDUAL	5869.590	90	65.218		
TOTAL	6009.934	97	61.958		

* p .05

** p .01

participating in Affirmation Training and control subjects in perceptions of self as shy as measured by the Shyness Line.

The results of the analysis of variance on the mean gain scores are reported in Table 7. An examination of the F values shows that neither the main effects nor the interaction effects were significant at the .05 level of confidence. The null hypothesis was therefore supported.

Hypothesis 3. There will be no significant difference between subjects participating in Affirmation Training and control subjects in perceptions of shyness as a problem as measured by the Shyness Problem Line.

The results of the analysis of variance on the mean gain scores are reported in Table 8. An examination of the F values shows that neither the main effects nor the interaction effects were significant at the .05 level of confidence. The null hypothesis was therefore supported.

Hypothesis 4. There will be no significant difference between subjects participating in Affirmation Training and control subjects in self-esteem

TABLE 7
ANALYSIS OF VARIANCE ON THE MEAN GAIN SCORES
FOR THE SHYNESS LINE

Source of Variation	Sum of Squares	DF	Mean Squares	F	Significance of F
MAIN EFFECTS					
Group	11.738	3	3.912	0.843	0.474
Sex	3.640	1	3.640	0.784	0.378
Leader's Training	1.280	1	1.280	0.276	0.601
	2.920	1	2.920	0.629	0.430
2-WAY INTERACTIONS					
Group Sex	16.305	3	5.435	1.171	0.325
Group Training	10.808	1	10.808	2.328	0.131
Sex Training	2.165	1	2.165	0.466	0.496
	2.106	1	2.106	0.454	0.502
3-WAY INTERACTIONS					
Group Sex Training	2.852	1	2.852	0.614	0.435
	2.852	1	2.852	0.614	0.435
EXPLAINED	46.528	7	6.647	1.432	0.203
RESIDUAL	417.883	90	4.643		
TOTAL	464.411	97	4.788		

* p .05

** p .01

TABLE 8
ANALYSIS OF VARIANCE ON THE MEAN GAIN SCORES
FOR THE SHYNESS PROBLEM LINE

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
MAIN EFFECTS					
Group	9.351	3	3.117	0.847	0.472
Sex	0.116	1	0.116	0.032	0.859
Leader's Training	0.421	1	0.421	0.114	0.736
	5.574	1	5.574	1.514	0.222
2-WAY INTERACTIONS					
Group Sex	10.649	3	3.550	0.964	0.413
Group Training	3.675	1	3.675	0.998	0.320
Sex Training	0.363	1	.363	0.099	0.754
	3.609	1	3.609	0.980	0.325
3-WAY INTERACTIONS					
Group Sex Training	5.816	1	5.816	1.580	0.212
	5.816	1	5.816	1.580	0.212
EXPLAINED	32.173	7	4.596	1.248	0.285
RESIDUAL	331.373	90	3.682		
TOTAL	363.545	97	3.748		

* p .05

** p .01

as measured by the Coopersmith Self-Esteem Inventory.

The results of the analysis of variance on the mean gain scores are reported in Table 9. An examination of the F values shows that the main effects were not significant at the .05 level of confidence. Yet it can be seen that there were two significant interaction effects, which were group by sex and group by leader's training. The boys from the control group improved in relation to the boys from the experimental group. Also, the inexperienced leader's experimental group made greater gains than the experienced leader's experimental group. There were no three way interaction effects.

Hypothesis 5. There will be no significant difference between subjects participating in Affirmation Training and control subjects in shyness as measured by the teacher on the Teacher Shyness Change Rating Form.

The results of the analysis of variance on the posttest scores are reported in Table 10. An examination of the main effect of group shows that the F value is significant at the .001 level of confidence. The increased gain scores were in favor of the experimental treatment group. The main effect of sex was not shown to be significant at the .05 level of confidence, nor were there any significant interaction effects.

TABLE 9

ANALYSIS OF VARIANCE ON MEAN GAIN SCORES
FOR THE COOPERSMITH SELF-ESTEEM INVENTORY

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
MAIN EFFECTS					
Group	457.602	3	152.534	1.496	0.221
Sex	223.180	1	223.180	2.189	0.142
Leader's Training	218.875	1	218.875	2.146	0.146
	4.372	1	4.372	.043	0.836
2-WAY INTERACTIONS					
Group Sex	773.731	3	257.910	2.530	0.062 *
Group Training	531.760	1	531.760	5.215	0.026 *
Sex Training	518.735	1	518.735	5.088	0.027 *
	219.942	1	219.942	2.157	0.145
3-WAY INTERACTIONS					
Group Sex Training	33.736	1	33.736	0.331	1.567
	33.736	1	33.736	0.331	0.567
EXPLAINED	1250.289	7	178.613	1.752	0.107
RESIDUAL	9176.207	90	101.958		
TOTAL	10426.496	97	107.490		

* p .05

** p .01

TABLE 10
ANALYSIS OF VARIANCE ON POSTTEST SCORES
FOR THE TEACHER SHYNESS CHANGE RATING

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
MAIN EFFECTS					
Group	16.230	3	5.410	6.293	0.001
Sex	13.532	1	13.542	15.752	0.000 **
Leader's Training	0.010	1	0.010	0.011	0.916
	1.555	1	1.555	1.809	0.182
2-WAY INTERACTIONS					
Group Sex	3.965	3	1.322	1.537	0.211
Group Training	2.308	1	2.308	2.685	0.105
Sex Training	0.042	1	0.042	0.049	0.825
	1.345	1	1.346	1.566	0.214
3-WAY INTERACTIONS					
Group Sex Training	0.272	1	0.272	0.316	0.575
	0.272	1	0.272	0.316	0.575
EXPLAINED	20.466	7	2.924	3.401	0.003
RESIDUAL	71.357	83	0.860		
TOTAL	91.824	90	1.020		

* p .05

** p .01

Hypothesis 6. There will be no significant difference between subjects participating in Affirmation Training and control subjects in shyness as measured by the Shyness Teacher Report.

The results of the analysis of variance on the mean gain scores are reported in Table 11. An examination of the main effects of group shows that the F value is significant at the .05 level of confidence. The gain score increases were in favor of the experimental treatment group. The examination of the main effect of sex shows that the F value is significant at the .05 level of confidence. The gain score increases were in favor of the girls. The main effect of leader's training made no significant difference, nor were there any significant interaction effects.

Hypothesis 7. There will be no significant difference between subjects participating in Affirmation Training and control subjects in shyness as measured by the Simulated Assertiveness Situation Test.

The results of the analysis of variance on the posttest scores are reported in Table 12. An examination of the main effect of the treatment group shows that the F value is

TABLE 11
ANALYSIS OF VARIANCE ON MEAN GAIN SCORES
FOR THE SHYNESS TEACHER REPORT

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
MAIN EFFECTS					
Group	1007.472	3	335.824	2.852	0.042
Sex	674.725	1	674.725	5.731	0.019 *
Leader's Training	490.861	1	490.861	4.169	0.044 *
	6.174	1	6.174	0.052	0.819
2-WAY INTERACTIONS					
Group Sex	301.402	3	100.467	0.853	0.468
Group Training	4.386	1	4.386	0.037	0.847
Sex Training	120.943	1	120.943	1.027	0.314
	237.145	1	237.143	2.014	0.159
3-WAY INTERACTIONS					
Group Sex Training	19.704	1	19.704	0.167	0.683
	19.704	1	19.704	0.167	0.683
EXPLAINED	1215.426	7	173.632	1.475	0.186
RESIDUAL	10595.957	90	117.733		
TOTAL	11811.383	97	121.767		

* p .05

** p .01

TABLE 12
ANALYSIS OF VARIANCE ON POSTTEST SCORES
FOR THE SIMULATED ASSERTIVENESS SITUATION TEST

Source of Variation	Sum of Squares	DF	Mean Square	F	Significance of F
MAIN EFFECTS	294.002	1	294.002	9.888	0.009
Group	294.002	1	294.002	9.888	0.009 **
EXPLAINED	294.002	1	294.002	9.888	0.009
RESIDUAL	327.074	11	39.734		
TOTAL	621.076	12	51.756		

* p .05

** p .01

significant at the .01 level of confidence. The results indicated that the experimental treatment group scored significantly higher than the control group. Since only 13 subjects from one school were used in this videotaped behavioral observation, no interaction effects were investigated.

Hypothesis 8. There will be no significant difference between subjects whose group leader participated in the pilot study and subjects whose group leader had two hours of consultation as measured on the dependent measures.

It can be seen by examining the tables on the Shyness Self-Report, Shyness Line, Shyness Problem Line, Coopersmith Self-Esteem Inventory, and the Shyness Teacher Report that there were no significant main effect differences on leader's training. Therefore, all the null subhypotheses on these dependent measures were supported.

Subhypotheses 8-4 Group by Leader's Training. There will be no significant interaction effect between group and leader's training as measured by the scores on the Coopersmith Self-Esteem Inventory.

On the Coopersmith Self-Esteem Inventory there was a significant interaction effect between group and leader's training at the .05 level of significance. The self-esteem of the children in the inexperienced leader's groups improved in relation to self-esteem of the children in the experienced leader's groups. The children in the inexperienced leader's control group improved in relation to the children in the experienced leader's control group; whereas the children in the experienced leader's experimental group improved in relation to the children in the inexperienced leader's experimental group. Therefore, this null sub-hypothesis was rejected.

Hypothesis 9. There will be no significant difference between male and female subjects as measured on the dependent measures.

There were no significant differences between male and female subjects on the Shyness Self-Report, Shyness Line, Shyness Problem Line, Coopersmith Self-Esteem Inventory, and the Teacher Shyness Change Rating. Therefore, the null hypothesis on these dependent measures was supported.

Subhypothesis 9-6. There will be no significant difference between male and female subjects as measured by the Shyness Teacher Report.

On the Shyness Teacher Report there was a main effect difference between mean gain scores of boys and girls at the .05 level of significance. The main effect favored the girls on improvement in shyness as measured by the teacher. Therefore, the null subhypothesis was rejected.

Subhypothesis 9-4 Group by Sex. There will be no significant interaction effect between group and sex as measured by the scores on the Coopersmith Self-Esteem Inventory.

On the Coopersmith Self-Esteem Inventory there was a significant interaction effect between group and sex at the .05 level of significance. The boys in the control group improved in relation to the boys in the experimental group; whereas the girls in the experimental group improved in relation to the girls in the control group. Therefore, this null subhypothesis was rejected.

Hypothesis 10. There will be no positive correlation among the pretest dependent measures.

The results of the Pearson correlation coefficients among the pretest dependent measures are reported in Table 13. An examination of this table reveals that all the pretest dependent measures correlate positively with each other.

TABLE 13
PEARSON CORRELATION COEFFICIENTS AMONG
THE PRETEST DEPENDENT MEASURES

	SSR	SL	SPL	CSEI	STR
SSR	1.00 $p=0.001$	0.45 $p=0.001$	0.51 $p=0.001$	0.63 $p=0.001$	0.15 $p=0.162$
SL	0.45 $p=0.001$	1.00 $p=0.001$	0.51 $p=0.001$	0.29 $p=0.004$	0.20 $p=0.062$
SPL	0.51 $p=0.001$	0.51 $p=0.001$	1.00 $p=0.001$	0.50 $p=0.001$	0.10 $p=0.388$
CSEI	0.63 $p=0.001$	0.29 $p=0.004$	0.50 $p=0.001$	1.00 $p=0.001$	0.14 $p=0.214$
STR	0.15 $p=0.162$	0.20 $p=0.062$	0.10 $p=0.338$	0.14 $p=0.214$	1.00 $p=0.001$

It can be seen that the Shyness Self-Report, Shyness Line, Shyness Problem Line, and the Coopersmith Self-Esteem Inventory all correlate positively with each other at the 0.001 level of confidence. Therefore, all the self-report measures among the children positively correlate with each other at the 0.001 level of confidence. The Shyness Teacher Report also correlates positively with all the self-report measures. However, none of these correlations are significant at the .05 level of confidence. The Shyness Line and the Teacher Shyness Report do, however, approach significance at the 0.06 level of confidence. The highest positive correlation of 0.63 is between the Shyness Self-Report and the Coopersmith Self-Esteem Inventory, while the lowest positive correlation of 0.10 is between the Shyness Problem Line and the Shyness Teacher Report. Based upon this data the null hypothesis is rejected.

In order to further understand the results of the experimental treatment, the mean gain scores on the dependent variables are reported. In addition, the *t*-test on the differences between the pre and posttest measures are investigated. The analysis of variance was used to investigate the difference between mean gain scores on the dependent measures. The *t*-test was used to investigate if there were any significant differences from pretesting to posttesting on both the experimental and control group. It can be seen by examining Table 14 that the experimental treatment

group made significant change from pretesting to posttesting on the Shyness Line, the Shyness Problem Line and the Shyness Teacher Report. No significant change was evident on the Shyness Self-Report and the Coopersmith Self-Esteem Inventory. It can also be seen by examining Table 14 that the control group made significant change from pretesting to posttesting on two dependent measures, the Shyness Problem Line and the Teacher Shyness Report. No significant change was evident on the Shyness Line, the Shyness Self-Report and the Coopersmith Self-Esteem Inventory.

TABLE 14

COMPARISON OF PRETEST AND POSTTEST DEPENDENT MEASURES
FOR EXPERIMENTAL AND CONTROL GROUP

Variable	Mean	Standard Deviation	Difference Mean	Standard Deviation	t value	p (2-tailed)
SHYNESS SELF-REPORT						
Experimental Group						
Pretest SSR	57.83	15.12	1.13	10.88	0.70	0.485
Posttest SSR	58.96	17.64				
Control Group						
Pretest SSR	56.23	17.02	0.45	10.52	0.29	0.772
Posttest SSR	56.68	18.63				
SHYNESS LINE						
Experimental Group						
Pretest SL	45.52	12.92	8.46	12.81	4.57	0.000**
Posttest SL	53.98	14.22				
Control Group						
Pretest SL	51.50	12.64	3.58	8.94	2.59	0.013**
Posttest SL	55.07	11.75				

TABLE 14 - continued

Variable	Mean	Standard Deviation	Difference Mean	Standard Deviation	t value	p (2-tailed)
SHYNESS PROBLEM LINE						
Experimental Group						
Pretest SPL	4.53	2.08	0.65	1.87	2.47	0.017 *
Posttest SPL	5.18					
Control Group						
Pretest SPL	4.64	1.99	0.70	2.02	2.48	0.021 *
Posttest SPL	5.34	1.94				
COOPERSMITH SELF-ESTEEM INVENTORY						
Experimental Group						
Pretest CSEI	57.83	15.12	1.13	10.88	0.70	0.485
Posttest CSEI	58.96	17.64				
Control Group						
Pretest CSEI	56.23	17.02	0.45	10.52	0.29	0.772
Posttest CSEI	56.68	18.63				

TABLE 14 - continued

Variable	Mean	Standard Deviation	Difference Mean	Standard Deviation	t value	p (2-tailed)
SHYNESS TEACHER REPORT						
Experimental Group						
Pretest STR	45.52	12.92				
Posttest STR	53.98	14.22	8.46	12.81	4.57	0.000 **
Control Group						
Pretest STR	51.50	12.64				
Posttest STR	55.07	11.75	3.58	8.94	2.59	0.013 **

CHAPTER V

SUMMARY, DISCUSSION, LIMITATIONS AND RECOMMENDATIONS

Summary

The purpose of this study was to investigate the effects of an experimental treatment program called Affirmation Training on shy fifth grade youngsters. The study investigated the effects of the treatment from four vantage points: the student, the teacher, the behavioral observers, and the school counselor. The study explored the effects of three independent variables: (1) group, (2) sex, (3) leader's training on seven dependent variables: (1) Shyness Self-Report, (2) Shyness Line, (3) Shyness Problem Line, (4) Coopersmith Self-Esteem Inventory, (5) Shyness Teacher Report, (6) Teacher Shyness Change Rating, and (7) Simulated Assertiveness Situation Test.

There were 98 shy fifth grade students from seven elementary schools who met the selection criteria and completed the study. The selected students were randomly assigned to either the control (N=47) or the experimental treatment group (N=51). In order for a child to be selected into the study he had to meet two criteria. He had to answer affirmatively a questionnaire that asked, "Do you consider yourself a shy

person? He also had to be judged by his teacher according to ten specific criteria to be within the shyest half of his class.

The experimental treatment is a seven week, 14 session program. The children meet from 30 to 40 minutes twice a week for seven weeks. The purpose of the program is to ameliorate the emotional distress associated with shyness and shyness itself. The program is based on the assumption that most problems are primarily social or interpersonal in nature. It is based on the theoretical rationale of social learning theory and behavioral counseling and is basically a social skills acquisition approach.

Some of the psychological interventions used are assertiveness training, role modeling, social skills training, self-disclosure and communication games, fantasy, emotional discussion and the teaching of attending and listening skills. The counselor serves as a group leader and role model, and gives feedback, liberal reinforcement, and praise to all the children.

Both the experimental treatment group and the control group were pretested and posttested on five measures. The children were administered four self-report measures, the Shyness Self-Report, the Shyness Line, the Shyness Problem Line, and the Coopersmith Self-Esteem Inventory. The teachers evaluated the children on the Shyness Teacher Report. The children were evaluated by a posttest on two measures.

The children were rated by their teacher on the Teacher Shyness Change Rating and by behavioral observers on the Simulated Assertiveness Situation Test. In addition, the counselors rated the change made by the treatment group on the Counselor Shyness Change Rating.

A two-way analysis of variance was performed on all the criterion variables. The gain scores were used on the five pretest-posttest measures, while on the other two measures the posttest scores were used. The data were analyzed to test for differences between the main effects of group, sex, leader's training, and for interaction effects. In addition, the correlation among the pretest measures was investigated. The experimental group leaders also evaluated the children in their group for significant change.

It was found using the .05 level of confidence that there were significant differences between the experimental and the control group on the Shyness Teacher Report, the Teacher Shyness Change Rating, and the Simulated Assertiveness Situation Test. There were no significant differences between groups on the Shyness Self-Report, Shyness Line, Shyness Problem Line, and the Coopersmith Self-Esteem Inventory.

Yet on two of the measures in which no significant change was found between groups, it was found that the experimental group made significant change from pretesting to posttesting. This change occurred on the Shyness Line

and the Shyness Problem Line. The control group also made significant change from pretesting to posttesting on one of the dependent variables, the Shyness Problem Line.

The main effects of sex and training were also investigated. There was no main effect difference for leader's training on any of the measures. There was one main effect difference of sex in favor of the girls on the Shyness Teacher Report. The girls were perceived by the teachers to have made more significant positive changes than the boys.

The two-way and three-way interaction effects were also investigated. There was a significant two-way interaction effect of group by sex and group by training on the Cooper-smith Self-Esteem Inventory. There were no other significant two-way interaction effects and no significant three-way interaction effects.

It was found that the counselors rated the children in their experimental group to have made significant improvement. These children were rated by the counselor (1.87) to have made more significant change at the .05 level of confidence within the counseling group than by the teacher (1.32) within the classroom setting.

It was found that there was a positive correlation among all the pretest dependent measures. The correlation was significant at the .05 level of confidence among all the self-report measures; these were the Shyness Self-Report,

Shyness Line, Shyness Problem Line, and the Coopersmith Self-Esteem Inventory.

The Shyness Teacher Report correlated positively with all the self-report measures, though the correlation was not statistically significant at the .05 level. However, the Shyness Teacher Report did approach significance at the .06 level with the Shyness Line. The highest correlation of .63 was found between the Coopersmith Self-Esteem Inventory and the Shyness Self-Report which indicated that shyness is associated with low self-esteem.

Discussion

The experimental treatment program appears to have made some significant differences in ameliorating both shyness and the emotional distress associated with shyness. These differences were recognized by the teachers, independent observers and the school counselors. The teachers noted significant differences between groups on the Shyness Teacher Report. This criterion variable measures 18 specific behavioral observations that are rated by the teacher. The teachers rated the children in the experimental treatment group to have made mean slight to moderate change, and rated the control children to have made mean no change to slight change. On this overall measure termed the Teacher Shyness Change Rating, this difference was also statistically significant. Therefore, on both criterion variables the

treatment group made significantly greater improvement than the control group.

The children were also evaluated by two behavioral observers in five specific situations on the Simulated Assertiveness Situation Test. This test required the children to behave in a nonshy manner. The children in the experimental treatment group behaved significantly more assertively than the children in the control group. The group leader had taught the children specific assertiveness and social skills, and it appears that shy children are able to learn these skills. These specific skills enable the shy child to behave in a nonshy manner under given conditions.

The literature on assertiveness training supports the notion that the skills learned are situation specific. Yet if the students are able to practice in a great many situations, then their newly learned behaviors are more readily transferable. The Simulated Assertiveness Situation Test had both similar and identical situations that were practiced by the children in the group setting. Therefore, it can be assumed that specific nonshy behaviors were learned, yet it cannot be assumed that the children have developed a wide repertoire of assertive behaviors that can be applied to any situation.

It was found on the Shyness Self-Report and the Coopersmith Self-Esteem Inventory that there were no significant differences between groups and no significant changes from

pretesting to posttesting. However, both groups did make some slight positive nonsignificant improvement on both measures. These two measures correlated .63 with each other. The Shyness Self-Report measured the child's feelings, thoughts and behaviors related to shyness in 18 different circumstances. The Coopersmith Self-Esteem Inventory measured the child's self-concept. Therefore, it can be assumed that from the child's perspective no significant changes on these two variables were made as a result of the treatment at the time of the posttest. However, it may be these fundamental attitudes don't change substantially in a short time. There exists the possibility that the experimental program may have set in motion a process for change later.

The Shyness Line and the Shyness Problem Line need to be interpreted more cautiously. It was found using analysis of variance that there were no significant differences between group gain score means. Yet, the experimental treatment group made statistically significant improvement from pretesting to posttesting on both measures. Additionally, the control group made statistically significant gains on the Shyness Problem Line. Therefore, it can be assumed that the experimental treatment group considered themselves less shy and considered shyness less of a problem after treatment. The control group considered shyness less of a problem at posttesting.

On the Shyness Line though there was no significant difference using the analysis of variance procedure, there was a significant difference between groups using the *t*-test procedure. Also, the significance difference from pretesting to posttesting for the experimental group was at the 0.001 level of confidence. Therefore, it can be assumed that the children consider themselves less shy after treatment. However, it is not clear whether this difference can be necessarily attributable to the treatment itself.

Both the control group and the experimental treatment group consider shyness significantly less of a problem at posttesting. There were no significant differences between the groups on the Shyness Problem Line. Since this is the only self-report measure in which the control group made significant improvement from pretesting to posttesting, this improvement requires interpretation. It is possible that the experimental treatment group saw shyness as less of a problem as a result of the treatment. In contrast, the children in the control group stated on the questionnaire that they considered themselves shy. However, due to random assignment these children were not chosen to participate in the experimental treatment group. The children did not know that the assignment was random. They could have concluded that since the group was for children who had problems with shyness, and since they weren't chosen to participate they had therefore less of a problem. They could

have concluded that the students who met with the school counselor had greater problems than themselves. This interpretation accounts for the fact that the children were pretested before the groups were formed. This explanation is consistent in that the control students still considered themselves as shy, yet they viewed this shyness as less of a problem. Since shyness is a self-attributed label, the children consider themselves shy whether this shyness is recognized or not.

The gains made by the control group children can also be explained in another manner. The time interval from pre-testing to posttesting was approximately ten weeks. Children were pretested before the first week of treatment and posttested the week after treatment. Children were out of school for one week during spring recess, and some counselors did not conduct the group during a week of statewide testing. In addition, the groups ended one month before the end of the school year. Therefore, as a result of these factors, the control students could have made some gains as a result of maturation and the more relaxed atmosphere in the classroom near the end of the term.

The teachers and the children were both made more aware of shyness since they both were required to fill out questionnaires. Also, many of the parents became aware of the project and the fact that many of their children said they were shy. It was reported by school counselors that a few

of the parents of the children in the control group tried to help their children with this problem. The teachers also became more sensitized to the construct and might have given the control children additional help. The children in the experimental group might have helped the control group children by demonstrating some of the new skills they learned. For example, during the Simulated Assertiveness Situation Test in which the children were videotaped, the researcher overheard one of the experimental children coaching a control child. The child was instructed to look at the researcher, talk in a loud voice, shake his hand, and don't be scared. In summary, the effects of maturation, the relaxed atmosphere near the end of school and the assistance of parents, teachers, and children could have all contributed to the gains made by the control children.

Another important finding of this study was the positive correlation among all the pretest measures. Additionally, there was a significant positive correlation among all the self-report measures. The correlation between self-esteem and shyness was 0.63 as measured by the Shyness Self-Report and the Coopersmith Self-Esteem Inventory. It appears that the relationship between shyness and self-esteem depends more upon shyness as perceived as a problem than shyness itself. The correlation between the Coopersmith Self-Esteem Inventory and the Shyness Problem Line was 0.50,

while the correlation between the Coopersmith and the Shyness Line was 0.29.

It can be noted that the Coopersmith Self-Esteem Inventory was administered to 1,748 children in central Connecticut. The mean for the males was 70.1 with a standard deviation of 13.8, and the mean for the females was 72.3 with a standard deviation of 12.8. In this study the mean on the pretest for the males was 60.6 with a standard deviation of 13.0, and the mean for the females was 54.9 with a standard deviation of 17.4. The overall mean was 57.0 and the overall standard deviation was 16.0. Therefore, it can be seen that the shy students in this study were approximately one standard deviation below the mean reported by Coopersmith in self-esteem. However, other self-esteem studies have reported lower means than Coopersmith, so these data need to be interpreted quite cautiously. Local fifth grade means and standard deviations would need to be determined in order to interpret these findings.

The correlation between the Shyness Teacher Report and the self-report measures ranged from 0.10 to 0.20. The perceptions of the teachers of the shy child did not significantly correlate with the child's self-perceptions. Some teachers believed that they had only one or two shy children in their class. The teachers consistently underestimated the prevalence of shyness in their class.

There is some anecdotal evidence that the teachers who had once perceived themselves as shy were more accurate in their perceptions of the shy child. However, the number estimate of shy children was controlled by having the teachers rank order the children in their class on this construct.

The counselor rated the children in their experimental treatment group to have made significant changes on the Counselor Shyness Change Rating. The change rated by the counselors was significantly greater at the .01 level of confidence than the changes rated by the teachers. It appears that the changes made within the group sessions were significantly greater than the changes reported by the teacher in the classroom. It seems understandable that a shy child would be more able to change his behavior within the safe confines of the group sessions than within the large classroom. It must be remembered that the teachers reported statistically significant changes on both teacher report measures. Yet it appears that the children made even greater changes within the counseling group.

The group leaders were divided into two groups, those who had participated in the researcher's pilot study and those who had not participated. The leaders were consequently labeled experienced and inexperienced. There were no main effect differences in regard to leader's training. In addition, a *t*-test was computed that compared the gain scores means on the dependent measures for the experimental

treatment groups led by the experienced leaders and the inexperienced leaders. No significant difference at the .05 level of confidence was found between the two types of leaders. It can therefore be assumed that previous experience conducting the treatment group did not make a significant difference.

The experimental treatment program was designed to be self-explanatory, well-structured and clearly defined. The seven experimental group leaders reported that they needed little or no consultation on the program's activities. These results are quite encouraging since it means that elementary school counselors around the country would be easily able to understand and follow the program.

The experimental treatment program was continually refined by the researcher and counselors during and after the pilot study. Therefore, the counselors were quite satisfied with the final program. They felt the program did not need any further modification. Even though the counselors were only required to complete 60 percent of the prescribed activities, all the counselors completed at least 95 percent of the activities. Since the counselors were not observed, it is not possible to comment upon their similarity and style in leading groups.

Recommendations for Further Research

1. This study explored the relationship between shyness and self-esteem among self-defined shy

students. This relationship needs to be explored with a heterogenous population.

2. The relationship between the teacher's selection of a shy student and a student's perception of himself as a shy student should be further explored.
3. The relationship between the teacher's selection of a shy student and the teacher's perception of herself as shy or once shy can be investigated.
4. Data should be collected to determine under what circumstances and with what individuals a student feels shy.
5. Additional validity, reliability, and standardized norms need to be gathered on the criterion measures used in this study.
6. The relationship between academic achievement, intelligence and shyness should be investigated.
7. All Affirmation Training groups were composed of both males and females. Further research could investigate if the treatment is more effective for male, female or mixed groups.
8. Affirmation Training groups need to be compared to other types of developmental counseling groups composed of shy children.
9. Pretest and posttest information can be gathered on the Simulated Assertiveness Situation Test to

investigate the gains in assertiveness made during treatment.

10. A simulated assertiveness situation test raising totally new and unfamiliar situations needs to be constructed. This would enable a researcher to investigate if children transfer their learning to unfamiliar situations.
11. In additional studies, follow-up data on the shy children needs to be gathered. It is important to understand whether or not children became less shy, more shy or made no change months after treatment. Follow-up data could not be gathered in this study since it was completed one month before summer vacation and children transferred to a new school in the fall.

Limitations

1. There was no placebo treatment control group. The teachers in their evaluations of the children were well aware of which children were in the treatment group and which children were in the control group. This knowledge could have produced subject effects. This may have influenced the results of the study in an inestimable way.
2. All the dependent measures except the Coopersmith Self-Esteem Inventory were constructed especially

for this study. The reliability, validity and normative data on these instruments are limited.

3. The psychological construct of shyness is not unitary but quite complex. Shyness is just beginning to be better understood and defined. The evaluation of shyness in children depends on how the construct is defined. Therefore, the study is limited by the lack of a precise definition with specific criteria.

Conclusions

In a survey conducted by the researcher, 46 percent of a sample of 400 fifth grade students in north central Florida reported that shyness was a problem, 38 percent of the children labeled themselves shy, while 59 percent reported that they would rather be less shy. Furthermore, 47 percent felt that they would like to join a group led by their school counselor that would help them be less shy. In addition, sex differences were found, 26 percent of the boys labeled themselves shy, whereas 49 percent of the girls labeled themselves shy.

In order to help students ameliorate shyness and the emotional distress associated with shyness, a treatment program was developed by the researcher with the assistance of school counselors. This program was field-tested in five schools in a pilot research project. The results of the initial program were promising. The program was then revised

in order to more adequately meet the needs of the shy students. The final program called Affirmation Training was investigated in this study.

It was found that the experimental treatment program had made a positive effect in the amelioration of shyness in shy fifth grade children. Data from teachers, counselors and behavioral observers support the belief that the children became less shy after the seven week treatment program. The shy children were able to learn a repertoire of specific skills that could be observed by behavioral raters.

The self-report data of the children were confounded by the unexpected gains made by the control group students in the same schools. Children perceived themselves as less shy and considered shyness less of a problem after treatment. Due to the gains made by the control group, the improvement in the self-report measures cannot necessarily be specifically attributable to the treatment alone.

The construct of shyness and its associated causes, consequences and problems are now just beginning to be investigated. Shyness can be perceived as a complex psychological construct that spans a wide emotional-behavioral continuum. It appears that shyness is significantly related to an individual's self-concept. The relationship between shyness and self-concept appears to be more related to the degree the individual perceives shyness as a personal problem than the shyness itself.

In conclusion, the experimental treatment program helped ameliorate shyness in children. Yet further research is needed on the construct of shyness, the measurement of shyness and the experimental treatment program.

APPENDIX A
THE AFFIRMATION TRAINING PROGRAM

THE AFFIRMATION TRAINING PROGRAM
PROCEDURES FOR DISCUSSIONS

SESSION 1 - AFFIRMATION TRAINING INTRODUCTION

- A. Ball Toss
- B. I'm an Animal
- C. Everybody's Name

SESSION 2

- A. If I Could Do or Be Anything
- B. Guessing Game and Introduction
- C. The Ungame

SESSION 3

- A. Assertiveness Training Introduction
- B. Standing in Line

SESSION 4

- A. The Television Show
- B. In the Movies
- C. Homework

SESSION 5

- A. Rounds
- B. The Test
- C. The Bicycle

SESSION 6

- A. Greeting Talk
- B. Volunteering
- C. Asking the Teacher for Help
- D. Homework

SESSION 7

- A. Warm Fuzzies
- B. My Favorite Card

SESSION 8

- A. Rounds or Greeting Talk Discussion
- B. When I Feel Not Shy and When I Feel Shy

SESSION 9

- A. Rounds or Greeting Talk
- B. Breaking In
- C. Being on the Outside - Being in the Inside
- D. How to Break into a Conversation
- E. Breaking into a Conversation

SESSION 10

- A. Rounds or Greeting Talk
- B. Stating Opinions
- C. Giving and Accepting Compliments
- D. Homework

SESSION 11

- A. Rounds or Greeting Talk
- B. Situations

The Case of the Missing French Fries
The Grocery Line
The Missing Object
The Borrowed Book
Short Changed
Forgotten Lunch Money
The Party

- C. Homework

SESSION 12

- A. Rounds or Greeting Talk
- B. Student Situations

SESSION 13

- A. Rounds or Greeting Talk
- B. Student Situations

SESSION 14

- A. Last Rounds - Sharing Changes
- B. Positive Feedback Bombardment

OPTIONAL TASKS

- A. Telling About My Family
- B. A Special Present
- C. The Group
- D. How I Feel Pictures

PROCEDURES FOR DISCUSSIONS

The basic rules for discussions are that only one child speaks at a time, and all the children are required to listen. The children are asked to speak in a loud clear voice so that everyone in the group can hear what they are saying.

After the first two children have spoken, the counselor can summarize their responses. After the next two children have had the opportunity to speak, the counselor can ask another student to summarize what has been said. This process should continue frequently with the counselor asking for someone to speak about the topic, or summarize, compare, and contrast what other children have said.

The counselor should thank the children by name for making a contribution to the discussion. Liberal praise is important to encourage shy children to speak in a group setting.

In concluding the discussion the counselor can ask the children if they learned a little more about themselves or other children and to share what they have learned with the group.

SESSION 1AFFIRMATION TRAINING INTRODUCTION

The counselor leading the group explains in his own words:

"In this group, we will all be active participants and will be able to learn how to communicate more effectively with each other. This group will be a safe place for all of us to meet, share and learn together. Some of the important things that we will all learn is to listen more carefully and to be better able to understand the behavior of others. All of us feel shy at certain times during our lives, and with the help of everyone working together, we will all learn to feel less shy. Another very important thing we will learn will be how to stand up for our rights. We will learn ways to make it more difficult for other people to push us around, take advantage of us, or get us to do things against our will. We will all learn how to affirm ourselves in this group. We will all learn to act less shy and feel better about ourselves.

Some of the things that we will do in this affirmation group will be to get to know each other better, talk about our feelings, have discussions, play learning games, act out real live events and learn more about other people. I hope that we will not only learn together, but that we will share many good times together."

Ball Toss

The counselor brings a ball into the group. The children should be arranged in a circle. The counselor calls out his name and tosses the ball to a child in the circle. The child that receives the ball then calls out his name and tosses it to another child in the circle. This process should continue with each child given an opportunity to say his name and catch and throw the ball.

Next one child throws the ball to another child and calls out the other child's name. The child that catches the ball then must call out the name of another child and toss the ball. The game can continue for a few minutes until all the children know each other's name.

I'm an Animal

The counselor asks all the children to think of an animal that they would like to be. The counselor then goes around the circle and writes on separate slips of paper the name of the child and the animal he would like to be. After all the slips of paper are collected, the counselor randomly picks one slip and calls out the name of an animal, and then the children can guess who chose to be that particular animal. When there are only two children left who have not had their slips picked, the counselor, if he chooses, can call out the name of the child and have the other children guess

what animal they would like to be. The counselor can also include himself and have the children guess his animal choice.

Everybody's Name

The counselor calls for a volunteer. The volunteer, while sitting in his seat, will go around the circle and say each child's name. The counselor will then call for another volunteer and this child will repeat this procedure. The counselor should give each child an opportunity to name the children in the group.

Note: During the first session, counselors should feel free to use any introductory exercises that they feel comfortable using. If there is time remaining at the end of the session, counselors can use the same procedure that was used for I'm an Animal with a topic such as I'm a Food.

SESSION 2

If I Could Do or Be Anything

The counselor asks all the children to think of something very special that they would like to do or be if they could do or be anything they wanted. The counselor then divides the children into dyads so every child has a partner. The children are asked to tell their partner the something special that they would like to do or be. Each child is asked to remember what their partner said and to speak in a loud clear voice.

The counselor goes to each dyad and asks the child's partner what the child wanted to do or be and the counselor writes this down.

Guessing Game and Introduction

Then the counselor randomly chooses one selection and lets the children guess who the child is. If a correct guess is made, the child's partner is asked to make an introduction and recall what he remembered.

For example, if one child wanted to be an alligator wrestler, the partner would say, "This is Mark and he would

like to wrestle alligators. He visited the Everglades last year and saw a man wrestle alligators."

The Ungame

The children play the ungame until the end of the session.

SESSION 3

Assertiveness Training Introduction

The counselor explains that today the group is going to learn about being passive, aggressive and assertive. The counselor goes to the blackboard or uses poster paper to make a chart. (See next page.) The example used will be cutting in line. The children are asked to try to remember exactly what they say and hear.

The counselor asks for a volunteer. The counselor will pretend that he is waiting in line at the lunchroom and has the volunteer cut in front of him in line while he acts passively. Next, the counselor will ask the group what happened, what they think the first person felt, what the second person felt, and what was the end result. The counselor should try to get all the children to volunteer responses. He should ask how they would feel if someone cut in front of them in line. The counselor can discuss with the children passive behavior. The counselor can then tell the children that he was acting passively and then ask them what they think acting passively means. Later, the counselor can summarize their correct answers and explain that passive behavior is described as letting someone take advantage of

CHART 1

	Passive	Aggressive	Assertive
What happened			
What first person felt			
What second person felt			
End result			

CHART 2Assertive Behavior Steps

1. Say what you feel.
2. What the other person did.
3. What you would like them to do.

CHART 3Assertive Means

Standing up for your rights.

Talking about your feelings.

Speaking in a loud clear voice.

Looking at the person you are talking to.

Making another person feel good.

Feeling good about yourself.

you, not standing up for your rights, not taking action when you would like to do so.

The counselor can call for another volunteer. This time when the volunteer cuts in front of the counselor, the counselor should act aggressively. He can push or shove the volunteer and call him a derisive name. The counselor can then go through the format and discuss what happened, what the first person felt, what the second person felt, and the end result. He can ask the children what they think acting aggressively means. After the brief discussion, he can state that acting aggressively means trying to hurt another person, trying to take advantage of another person, and not considering another person's feelings.

Next, the counselor can ask for another volunteer and then behave assertively when the volunteer cuts in line. The counselor should give an assertive response such as "It makes me angry when you cut in line; will you please get behind me."

Basically, in making an assertive response, the counselor and the students can remember to state how they feel, what the other person did, and what they would like the other person to do.

The counselor can refer to charts 2 and 3. An emphasis should be placed on the advantages of assertive behavior.

Standing in Line

The counselor can ask for volunteers while he plays one protagonist. He should allow the children to act passively, aggressively and assertively and should encourage all the students to volunteer for the parts in standing in line. The counselor can also whisper to the child one response and ask the child to act in this fashion. Then, he can ask the other students to guess how the child acted and explain their reasons.

SESSION 4

The Television Show

The counselor can ask the children if they remember what being assertive meant. He can ask the children the differences between being passive, aggressive, and assertive and should clarify any questions that the children have.

Next, the counselor can ask the children what are their favorite television shows. Most children have strong preferences and like to discuss them. Let every child get a chance to discuss his favorite show and then close the discussion.

Next, the counselor can pretend that one of the objects in the room is a television set and that the counselor is watching his favorite show. The counselor asks a volunteer to change the channel. Then, the counselor acts in an aggressive manner.

Then, the children can guess how the counselor acted and can explain why. The following procedure can be continued with passive, then assertive behavior.

The students are then given the opportunity to role model the three behaviors. The counselor can whisper to the child the particular behavior and the students can guess whether the child acted passively, assertively, or aggressively.

In the Movies

The counselor can discuss with the students if they have ever been in the movies and people behind them started talking, throwing popcorn or otherwise making a nuisance of themselves. He can then discuss with them what kind of things they would do.

He can then ask for a couple of volunteers. The volunteers should talk and then the counselor should make an assertive response such as "You are bothering me by making so much noise, I wish you would keep quiet." The counselor praises all the children for their efforts.

Homework

The children should be asked to observe over the week-end any people they see acting either passively, aggressively, or assertively.

SESSION 5

Rounds

Rounds is a technique that affords each child an opportunity to talk about himself in front of the group. It gives every group member a chance to express his feelings and tell the other students what has happened to him during the day. In this procedure each child tells what he is feeling at the present moment and how his present day or past few days have been.

The first time rounds begins, the counselor should start and serve as a role model. The leader should be honest and relate what he is feeling and tell how his day has been. He can relate anything that he feels comfortable sharing with the group. The leader should feel free to talk not only about positive emotions, but negative ones also.

During rounds if there was a homework assignment given the students can discuss the results. During this first session of rounds, the students can discuss any instances where they saw someone acting passively, aggressively or assertively.

The Test

In this situation the students will learn how to say no to unreasonable requests. The students will learn to assert themselves by saying no.

The leader will need a volunteer. The leader will instruct the volunteer to keep asking if he can copy his paper during the test. The volunteer will complain that he has not had a chance to study since he was busy doing something else. The volunteer will keep on asking if he can copy the leader's test, and no matter what the volunteer says, the leader will only say, "No, you can't." The leader will avoid at all costs moralizing, or reasoning or compromising with the volunteer, all he will say will be a simple "No, you can't." This technique is called the broken record.

Let all the children have the opportunity to participate in this situation. An emphasis should be placed on looking directly at the other person and speaking in a loud clear voice.

The Bicycle

In this situation, the leader will ask for another volunteer. In this scene, a student will ask to borrow the leader's bicycle for an entire week. The leader will tell the student that the last time he borrowed the bicycle, he returned it with a broken chain and this time he cannot borrow the bicycle. The volunteer should be encouraged to persist, but after each request, the leader should say, "No, I'm sorry," or "No, you can't," or simply "No."

Again, all the children should be encouraged to play both parts in this situation.

SESSION 6

Greeting Talk

Greeting talk is similar to rounds except that the children divide into pairs. They are asked to share things with their partner, such as how they feel today, what they did the previous evening, what they are planning to do after school, or anything of special significance to them. They talk about the same things that they would talk about in rounds. The difference is that they speak to only one person instead of the entire group. In greeting talk, the children can talk to the person on their left side and then talk to the person on their right side. If there are an even number of children, the counselor will observe, but if there is an odd number of children, the counselor should participate.

After the first session of greeting talk, the counselor should lead a brief discussion on whether it was easier or more comfortable talking to one person in greeting talk or to the entire group in rounds.

Volunteering

In this situation, the leader should lead a brief discussion on how students feel raising their hand to speak in class discussion. Many students will report that they don't

enjoy it, and they feel anxious if they answer a question wrong and are sometimes afraid that other students might laugh at them.

In this exercise, the leader should ask all the students to raise their hands to volunteer. He can also play a game to see who is the first person to volunteer. Then the leader should ask easy questions that all the students can answer. The leader can ask questions with correct answers such as "What sport does O.J. Simpson play?" (football) "Who is the star on Happy Days?" (Fonzie) or questions with personal answers such as, "What is your favorite color?" "What is your favorite food?" or questions that can be answered by observation such as, "Who is wearing a blue dress?" or "Who is sitting next to Sally?" The main object is to encourage all the children to raise their hand to volunteer and be successful in answering in question.

The leader can make a list of questions that he believes are meaningful or fun to the children before the start of this lesson.

Asking the Teacher for Help

The children are to imagine that they just had a very difficult mathematics lesson and they have some questions that they don't understand. The leader can lead a brief discussion about this problem and ask if this has ever happened to anyone and how they handled the situation.

Then the leader can act out the part of the student asking a student volunteer for help on the math lesson while acting in an assertive manner. The leader can play the part of the teacher while asking the students to come up to his desk to ask for some help. The leader can begin making it more difficult for the student to get help until they become increasingly assertive. This can be done by saying that he is busy, marking papers, and being curt. This will make the students have to be somewhat more demanding while stating their feelings in a more assertive manner.

Homework

The students will be asked to answer a question in class or ask for help from the teacher if they feel ready. If they do this or can think of any time they were assertive, they can discuss this next time during rounds or greeting talk.

SESSION 7

Warm Fuzzies

The counselor makes up a stack of cards that describe positive attributes. (See next page for suggestions.) Duplicates of these suggestions can be made so that there are between 40 and 50 cards. The counselor passes out face downward four cards to each student. Then, starting from the leader's left, the children give one of their cards to a group member and state why this person deserves this card. This should continue four times around the circle until all the cards are passed out. The counselor should explain that being assertive also means saying nice things about people to make them feel good. The counselor should be aware of the children that are not getting as many cards and can liberally feel free to pass out more than four cards.

My Favorite Card

The counselor should ask the children to think for a few moments and then pick out the one card that they received that they feel is the most important. The children should be asked to describe why this card was the most meaningful to them. The counselor can also participate in the discussion and should encourage all the children to take part.

Warm

Fun Loving

Happy

Nice

Kind

Friendly

Good Friend

Sweet

Attractive

Honest

Creative

Trustworthy

Cheerful

Good Looking

Helpful

Good Listener

Assertive

Wise

Good Guy

Brave

SESSION 8Rounds or Greeting Talk DiscussionWhen I Feel Not Shy and
When I Feel Shy

First the counselor should give the students some general information about shyness, such as, four out of every ten students considers himself shy. Six out of every ten students would rather be less shy, and five out of every ten students considers shyness a problem for themselves.

Basically, the message should be given in addition to these above facts that there are a lot of kids that consider themselves shy. Even though most kids and most adults would rather be less shy, being shy is fine. The message should be communicated that though we would rather be less shy, being shy is O.K.

Start the discussion with times that the children feel not shy. After this discussion is finished, move on to instances where the children feel most shy.

The discussion on shyness can focus on how they feel inside and what they are thinking when they are feeling shy. It can also focus on the particular kinds of people that they feel shy being around and the particular situations that make them feel shy.

Also, if the leader desires, the students can write down the situations that make them feel shy and these can be collected, read and discussed.

If the group seems reticent, some questions can facilitate discussion such as, "Is it easier to talk to the principal or your mother?" or "Would you feel more shy at a party where you didn't know anyone or at a party with your friends?" or "What do you feel if you have to speak to the entire class?"

Information Page

It has been found that students feel most shy in these situations:

1. Where he is the focus of attention in a large group (as when giving a speech).
2. Large groups.
3. Social situations in general.
4. New situations in general.
5. Situations requiring assertiveness.
6. When he is being evaluated.
7. When he is the focus of attention in a small group.
8. In a one-to-one situation with a member of the opposite sex.
9. Where he needs help.
10. In a small group.
11. In a one-to-one situation with members of the same group.

Students feel most shy in decreasing order with these people:

1. Strangers
2. Opposite sex group
3. Authorities
4. Same sex group
5. Relatives
6. Friends
7. Parents

It has also been found that these are the overt behaviors of shyness:

1. Silence
2. Lack of eye contact
3. Avoidance of others
4. Avoidance of taking action
5. A low speaking voice

The inner world of shyness is filled with:

1. Self consciousness
2. Concern for impressive management
3. Concern for social evaluation
4. Negative self evaluation
5. Thoughts about the unpleasantness of the situation
6. Thoughts about shyness in general

These are the reported physiological symptoms of shyness:

1. Increased pulse
2. Blushing
3. Perspiration
4. Butterflies in one's stomach
5. Pounding heart

SESSION 9Rounds or Greeting TalkBreaking In

The leader states that today we are all going to play a game called breaking in. All the children stand up and get into a circle and hold hands. The idea is for one student to stand outside of the circle and through some strategy break into the center of the circle. Children seem to adopt different strategies for breaking in. Some children like to charge through, others like to sneak under people's hands, some like to pry fingers loose, while others might coax or find an original method. Encourage all the children to try to break in and help those students who are having difficulty.

Being on the Outside - Being in the Inside

Discuss with the students how they felt being on the outside trying to break into the center and how they felt breaking in. A discussion on the different strategies that were adopted can be had. An emphasis should be placed on the feelings that the children had during this process.

How to Break into a Conversation

The counselor models skills necessary to be able to break into a conversation. The counselor has two children talk about a particular topic. Then he walks over to the two children and greets them by name and inquires what the children are talking about and what their opinions are. Then he makes an effective contribution to the conversation. He emphasizes maintaining eye contact and speaking in a clear loud voice. The counselor can then briefly discuss with the children some strategies for breaking into a conversation.

Breaking into a Conversation

After modeling joining a conversation, the leader gives two students a topic for conversation. The other students serve as participant observers. The idea is for the outsider to determine what the two speakers are talking about and to join the conversation. After the outsider joins the conversation, the counselor asks the volunteer if he knew the topic. All children are given a chance, and the counselor now only gives positive feedback but also encourages the other children to give positive feedback. In order to facilitate the process, the counselor might want to be one of the speakers in order to help the outsider join the conversation. The children should be encouraged to help the outsider join in.

Some suggested topics are

1. The food I dislike the most.
2. What I would do with a million dollars.
3. My favorite sport.
4. Monster movies.
5. How I got into trouble.
6. If I could join the circus, I'd like to be....

By knowing the children for the past few weeks, the counselor should know the topic that seems most appropriate. These topics are selected because they have interest to children, but any topic that seems more specifically related to the children and the group is more appropriate.

SESSION 10Rounds or Greeting TalkStating Opinions

Shy students sometimes have difficulty stating an opinion on a particular subject. The basic idea is for the children to state their feelings on a particular subject. Place in a box or paper bag slips containing questions that require an opinion. The first student picks two questions and has his choice of answering either question. The question he does not answer he can pass to another group member who also picks another question. Therefore, each group member always has his choice of answering one of two questions. Ask the students to explain the reasons.

Some suggested questions are

1. What would be your favorite birthday present?
2. What is your favorite television show?
3. If you could join the circus, what would you like to be?
4. What would you do with a million dollars?
5. What is the school subject you like the least?
6. Do you think kids should have to do homework?
7. What is your favorite room in the house?
8. What time should fifth graders have to go to bed?

9. If you could have a special meal for a birthday present, what would you like to eat?
10. Would you rather be famous or rich?
11. What makes a good friend?
12. What is your favorite sport?
13. What would you rather be: an airline pilot, a doctor, or a movie star?
14. Which is more important to be: good looking, smart, or nice?
15. What would be your favorite job?
16. If you could go anywhere for a vacation, where would you like to go?

Giving and Accepting Compliments

A short discussion can be started by asking the children whether they would rather give or receive compliments. The group can discuss how it makes them feel to give to receive compliments. Also, they can be asked to recall the last compliment they gave or received.

The leader can explain that being assertive also means being able to make someone else feel nice by giving a compliment. An assertive response to a compliment can be, "Thanks, that made me feel nice."

The leader can ask if someone was wearing a new shirt to school, what could you say? If someone made a good shot playing basketball, what could you say? If your mom cooked a good dinner, what could you say? If your friend made safety patrol, what could you say? If your friend helped you in math, what could you say?

Homework

The children are asked to try to make one compliment to one person before the next group session, and this can be discussed during rounds or greeting talk. The leader should serve as a model and offer the students liberal praise.

SESSION 11

Rounds or Greeting Talk

Situations

Various situations are presented that give the children an opportunity to be more assertive. The particular situation is discussed with children given an opportunity to discuss an appropriate assertive response. Then the children are given an opportunity to act out the situation. In these situations, give feedback to the students and encourage the other children to praise each other's efforts.

The Case of the Missing French Fries

The student is in MacDonald's Restaurant and orders and pays for french fries, a hamburger, and a coke. The woman behind the counter gives the model a bag with a hamburger and coke, and he sees that the woman forgot the french fries. An appropriate assertive response is, "I ordered french fries and they are not in the bag. Can I please have them?"

The Grocery Line

The student is in the grocery store and only has to buy a gallon of ice cream. The person in front of him has a whole cartload of groceries, and the student would like to

move in front of the customer. An appropriate assertive response is, "Excuse me, mind if I get ahead of you? I only have ice cream."

The Missing Object

One of the student's brothers or sisters borrowed something that was not returned. The student has to confront him and ask for the object back and for his brother or sister not to take anything without asking. An appropriate response could be, "Next time you want to borrow something of mine, ask me. I don't want to look all over for it. I was mad at you for taking something and not asking."

The Borrowed Book

A classmate borrowed a book belonging to the student and promised he would return it the next day. He failed to return the book and now he wants to borrow another book that the student needs for a test the next day. The classmate walks over to the model and asks, "Hey _____, let me borrow your math book. I forgot mine in school." An appropriate assertive response is, "Sorry, you can't borrow my book. I need it to study for tomorrow's test," or simply, "No, you can't."

Short Changed

The student is in the grocery store to buy some watermelon for his family. The watermelon costs 80 cents and the

student gives the cashier \$5.00. The cashier hands back 20 cents and says, "Here's your change." An appropriate assertive response is, "I gave you a five dollar bill, and I would like four more dollars in change."

Forgotten Lunch Money

The student has forgotten his lunch money and has to ask either a friend, the teacher or at the principal's office for money or a ticket to eat lunch. An appropriate assertive response is, "I forgot my lunch money (ticket) at home. Can I get money (ticket) and I'll bring it to you tomorrow?"

The Party

The student pretends that he goes to a party of one of his friends and hardly knows anyone there. He sees someone of his own age and sex standing alone at the party, probably left out. The student walks over to the child and says... An appropriate response is, "Hi, how are you doing? What do you think of the party?"

Homework

The students should be asked to think about the particular situations in which they feel the most shy or the least assertive. Then the next session the student will be asked to bring their particular situation for the group. Then they will be able to act out the situation.

SESSIONS 12 AND 13Rounds or Greeting TalkStudent Situations

For these next two sessions, all the group members should get a chance to act out their particular problem. The leader can discuss the problem with the group and see if the group has any suggestions. Then the student can role play the situation with the counselor or another student. Four students can discuss and act out their situation each session. If any students can't think of a particular problem, a situation can be created for him.

A few examples can be:

- a. introducing a friend to another friend
- b. being introduced to another student
- c. being introduced to an adult
- d. calling up someone on the phone and inviting them to a party
- e. asking to join a game of kickball
- f. asking to have another student join a game
- g. giving a speech in class
- h. asking someone to do you a favor
- i. asking directions
- j. asking parents to stay up late after curfew

k. dealing with the class bully

l. dealing with someone that teases the student

Some examples can be put in a paper bag and the student can draw three situations and choose one of these. The counselor should structure these situations.

If one student's problem is not able to be role modeled, then the situation can be discussed with the entire group.

SESSION 14

Last Rounds - Sharing Changes

In the last rounds, the students are asked to share with the group the ways in which they feel they have changed and the things they have learned by being part of the group. They can also relate how they feel about the group ending. The counselor can share his feelings with the group and praise the children for actively participating.

Positive Feedback Bombardment

List the words on the board that were listed for the warm fuzzies exercise. Hand out slips of paper to each student and, starting from the leader's left, let all the students write down on the card one or more words that applies to each student, and have them pass them face down to the first student. Let the first student read the cards and then move around the circle so all the children are given positive feedback bombardment.

SOME OPTIONAL EXERCISES

Telling About My Family

Students can pretend they are at a party and they all get up and mingle around. The instructions are to go talk to someone and tell them something about your family. Then the children can go back to the group and tell the group something new that they learned about somebody. Then the group has to guess who it is.

A Special Present

Everyone has to think of a special present they would like to get. Then they get up and mingle and they are instructed to go make contact with every group member and tell them what they would like for a special present and find out what the other member wanted. The first person that knows everyone's present should sit down. The leader should then have everyone sit down and the members see if they can remember all the presents. The first person seated goes first.

The Group

The group gets a large piece of mural paper and the students discuss a theme for the group. The idea is to come up

with a special theme that represents the group. Then all the children draw on the mural. Then the children can explain if they wish what they drew.

How I Feel Pictures

All the students get crayons and pieces of paper. The idea is to create a feeling on the paper. Children just make an abstract design on the paper. Some suggested feelings are

How I Feel when I'm Hungry

How I Feel on My Birthday

How I Feel When I'm Angry

How I Feel When I'm Happy

APPENDIX B
INSTRUMENTATION

Name _____

SHYNESS SELF REPORT

Think about these and decide how you act and feel. Circle your answer.

1. If children are playing on the playground, and you want to play with them, do you go over and ask to play?
Never Almost Never Sometimes Often Always
2. If your teacher asks a question in class and you think you know the answer, do you raise your hand to answer?
Never Almost Never Sometimes Often Always
3. If the teacher needs a volunteer for a special task, how often do you volunteer?
Never Almost Never Sometimes Often Always
4. If someone cuts in front of you in line, do you try to hold your place?
Never Almost Never Sometimes Often Always
5. If children are talking at school, and you would like to join them, do you go over and talk?
Never Almost Never Sometimes Often Always
6. If a boy takes something that belongs to you, do you try to stop him?
Never Almost Never Sometimes Often Always
7. If you want to speak to the teacher in private, do you go and speak to her?
Never Almost Never Sometimes Often Always
8. Do you speak in class discussions?
Never Almost Never Sometimes Often Always
9. Do you feel shy with grown-ups?
Never Almost Never Sometimes Often Always

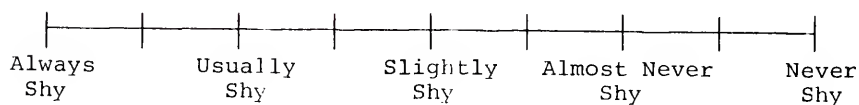
10. Do you feel shy with boys in your class?
Never Almost Never Sometimes Often Always
11. Do you feel shy with your close friends?
Never Almost Never Sometimes Often Always
12. Are you a leader with children your own age?
Never Almost Never Sometimes Often Always
13. Do you feel shy with girls in your class?
Never Almost Never Sometimes Often Always
14. Are you good at making new friends?
Never Almost Never Sometimes Often Always
15. Do you look directly at someone when you speak to them?
Never Almost Never Sometimes Often Always
16. Do you speak in a loud enough voice so everyone can hear you?
Never Almost Never Sometimes Often Always
17. Are you quiet with other children when you would rather be speaking?
Never Almost Never Sometimes Often Always
18. When you want something, are you able to ask for it?
Never Almost Never Sometimes Often Always

Name _____

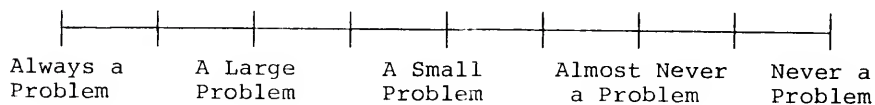
SHYNESS LINE AND SHYNESS PROBLEM LINE

Mark Where You Feel You Belong on These Lines

Are you a Shy Person?



Is Shyness a Problem for You?



Name _____

Boy _____ Girl _____

COOPERSMITH SELF ESTEEM INVENTORY

Please mark each statement in the following way:

If the statement describes how you usually feel, put a check () in the column "Like Me."

If the statement does not describe how you usually feel, put a check () in the column "Unlike Me."

There are no right or wrong answers.

	Like Me	Unlike Me
1. I spend a lot of time daydreaming.	_____	_____
2. I'm pretty sure of myself.	_____	_____
3. I often wish I were someone else.	_____	_____
4. I'm easy to like.	_____	_____
5. My parents and I have a lot of fun together.	_____	_____
6. I never worry about anything.	_____	_____
7. I find it very hard to talk in front of the class.	_____	_____
8. I wish I were younger.	_____	_____
9. There are lots of things about myself I'd change if I could.	_____	_____
10. I can make up my mind without too much trouble.	_____	_____
11. I'm a lot of fun to be with.	_____	_____
12. I get upset easily at home.	_____	_____
13. I always do the right thing.	_____	_____
14. I'm proud of my school work.	_____	_____

	Like Me	Unlike Me
15. Someone always has to tell me what to do.	_____	_____
16. It takes me a long time to get used to anything new.	_____	_____
17. I'm often sorry for the things I do.	_____	_____
18. I'm popular with kids my own age.	_____	_____
19. My parents usually consider my feelings.	_____	_____
20. I'm never unhappy.	_____	_____
21. I'm doing the best work that I can.	_____	_____
22. I give in very easily.	_____	_____
23. I can usually take care of myself.	_____	_____
24. I'm pretty happy.	_____	_____
25. I would rather play with children younger than me.	_____	_____
26. My parents expect too much of me.	_____	_____
27. I like everyone I know.	_____	_____
28. I like to be called on in class.	_____	_____
29. I understand myself.	_____	_____
30. It's pretty tough to be me.	_____	_____
31. Things are all messed up in my life.	_____	_____
32. Kids usually follow my ideas.	_____	_____
33. No one pays much attention to me at home.	_____	_____
34. I never get scolded.	_____	_____
35. I'm not doing as well in school as I'd like to.	_____	_____
36. I can make up my mind and stick to it.	_____	_____
37. I really don't like being a boy--girl.	_____	_____

	Like Me	Unlike Me
38. I have a low opinion of myself.	_____	_____
39. I don't like to be with other people.	_____	_____
40. There are many times when I'd like to leave home.	_____	_____
41. I'm never shy.	_____	_____
42. I often feel upset in school.	_____	_____
43. I often feel ashamed of myself.	_____	_____
44. I'm not as nice looking as most people.	_____	_____
45. If I have something to say, I usually say if.	_____	_____
46. Kids pick on me very often.	_____	_____
47. My parents understand me.	_____	_____
48. I always tell the truth.	_____	_____
49. My teacher makes me feel I'm not good enough	_____	_____
50. I don't care what happens to me.	_____	_____
51. I'm a failure.	_____	_____
52. I get upset easily when I'm scolded.	_____	_____
53. Most people are better liked than I am.	_____	_____
54. I usually feel as if my parents are pushing me.	_____	_____
55. I always know what to say to people.	_____	_____
56. I often get discouraged in school.	_____	_____
57. Things usually don't bother me.	_____	_____
58. I can't be depended on.	_____	_____

Student's Name: _____

TEACHER SHYNESS REPORT

1. Is able to speak up in class.
 Never Almost Never Sometimes Often Always
2. Speaks in a low speaking voice.
 Never Almost Never Sometimes Often Always
3. Is timid in social situations.
 Never Almost Never Sometimes Often Always
4. Is able to establish eye contact with others.
 Never Almost Never Sometimes Often Always
5. Is able to initiate contact with other children.
 Never Almost Never Sometimes Often Always
6. Is able to stand up for his/her rights.
 Never Almost Never Sometimes Often Always
7. Is able to express his/her opinion freely and openly.
 Never Almost Never Sometimes Often Always
8. Is quiet in social situations.
 Never Almost Never Sometimes Often Always
9. Tends to withdraw from social contact.
 Never Almost Never Sometimes Often Always
10. Will volunteer in class.
 Never Almost Never Sometimes Often Always
11. Is shy with members of the same sex.
 Never Almost Never Sometimes Often Always

12. Is shy with adults.

Never Almost Never Sometimes Often Always

13. Is hesitant to speak in social situations.

Never Almost Never Sometimes Often Always

14. Expresses leadership when it is necessary.

Never Almost Never Sometimes Often Always

15. Is shy with members of the opposite sex.

Never Almost Never Sometimes Often Always

16. Is able to ask for what he/she wants.

Never Almost Never Sometimes Often Always

17. Is able to initiate friendships.

Never Almost Never Sometimes Often Always

18. Appears self-conscious in social situations.

Never Almost Never Sometimes Often Always

Student's Name: _____

SHYNESS CHANGE RATING

- +4 Extreme Positive Change
- +3 Large Positive Change
- +2 Moderate Positive Change
- +1 Slight Positive Change
- 0 No Change
- 1 Slight Negative Change
- 2 Moderate Negative Change
- 3 Large Negative Change
- 4 Extreme Negative Change

APPENDIX C
SELECTION PROCEDURES

Name _____

Boy _____ Girl _____

SHYNESS QUESTIONNAIRE

Please check how you feel.

1. Do you consider yourself a shy person? Yes _____ No _____

Dear Fifth Grade Teachers:

During the next few weeks the elementary counselor in your school will be offering a program for counseling shy students. This program is part of a research study on group counseling in the elementary school. Please give your counselor your support by filling out pre and post-data for the children selected in the study. This process should require approximately ten minutes of time. When you rank the children in your class from the most shy to the least shy, you can use either a class role or the back of this paper, which ever is more convenient.

Sincerely yours,

Philip J. Lazarus
Psychological Services
Alachua County School System

PJL:khc

TEACHER CRITERIA FOR SHYNESS RANKINGS

Instructions to Teachers:

Please rank order the children in your class from the most shy (1) to the least shy (25-35). Exclude from the rankings those children in your class who are in exceptional child education programs for the educable mentally retarded, the emotionally disturbed or the socially maladjusted.

Please use these specific criteria for ranking the children. Please return this ranking to the counselor within the next five days. Thank you very much for your cooperation. It is greatly appreciated.

- (1) Tends to withdraw from social contact
- (2) Is timid in social situations
- (3) Speaks in a low speaking voice
- (4) Has difficulty expressing his or her opinions
- (5) Usually fails to establish eye contact with others
- (6) Is quiet in social situations
- (7) Usually fails to stand up for his or her rights
- (8) Is hesitant to speak in social situations
- (9) Rarely volunteers to speak in class
- (10) Appears self conscious in social situation

APPENDIX D

SHYNESS SURVEY OF FIFTH GRADE CHILDREN

Name _____

Boy _____ Girl _____

SHYNESS SURVEY

Please check how you feel. There are no right or wrong answers.

1. Do you consider yourself a shy person? Yes _____ No _____
2. Would you rather be less shy? Yes _____ No _____
3. Is being shy ever a problem for you? Yes _____ No _____
4. Would you like to join a group led by the school counselor that will help you be less shy? Yes _____ No _____

Circle one response that fits how you feel.

1. I never feel shy.
2. I hardly ever feel shy.
3. I feel shy a little less than half the time.
4. I feel shy half the time.
5. I feel shy a little more than half the time.
6. I almost always feel shy.
7. I feel shy all the time.

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BIOGRAPHICAL SKETCH

Philip James Lazarus was born July 11, 1948, in Providence, Rhode Island. He is the son of Morris and Charlotte Lazarus. In 1958 the Lazarus family moved to Bay Harbor, Florida, where Philip later graduated from Miami Beach High.

In 1970 Mr. Lazarus received his B.A. degree in psychology from Tulane University. This degree, plus additional studies in special education, enabled him to teach severely retarded children in Hollywood, Florida.

After two years of teaching, Mr. Lazarus traveled extensively throughout Europe. He later entered the Department of Educational Psychology at the University of Miami. He graduated with a master's degree in 1973 and took additional course work for certification in school psychology. During his studies he had practicum experiences at the Educational Psychology Counseling Center at the University of Miami and the Village South Therapeutic Community.

In 1974 Mr. Lazarus entered the Department of Counselor Education at the University of Florida. He did practicums at New Dawn Partial Hospitalization and the North Central Florida Community Mental Health Center. He did his doctoral internship at the Psychological and Vocational Counseling

Center at the University of Florida. Following his internship he was employed as a consultant to Psychological Services in the Alachua County School System.

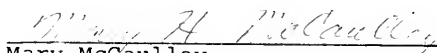
Mr. Lazarus received a Ph.D. from the University of Florida in August, 1977. He is currently a member of numerous professional and honorary associations.

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Paul Fitzgerald, Chairman
Professor of Counselor Education

I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



Mary McCaulley
Assistant Professor of Clinical
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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.



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Associate Professor of Counselor
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This dissertation was submitted to the Graduate Faculty of the Department of Counselor Education in the College of Education and to the Graduate Council, and was accepted as partial fulfillment of the requirements for the degree of Doctor of Philosophy.

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